In 2016, UNICEF Sierra Leone realigned activities to support implementation of the President’s Recovery Priorities.

In health, UNICEF supported the Ministry of Health and Sanitation (MoHS) to restore services and rebuild communities’ trust through:

- Strengthening routine immunization, cold chain, and support to outreach campaigns in partnership with WHO: 1) two maternal and child health weeks, reaching over 1.1 million children 6 to 59 months, 2) four polio vaccination campaigns reaching over 1.5 million children (95 per cent of children 0-59 months), and 3) measles outbreak response reaching over 2.8 million (99 per cent) children six months to 15 years.
- Procurement of essential medicines and supplies for pregnant and lactating mothers and all under-five children under the Free Health Care initiative (benefitting 318,852 pregnant women, 286,967 lactating women and 1,283,184 children), and procurement of long lasting insecticide treated nets (LLINs) for nationwide distribution.
- Construction/rehabilitation of health facilities including three comprehensive emergency obstetric and neonatal care centres, five basic emergency obstetric and newborn care centres, 11 staff quarters, 20 medical stores and one maternal and child health aides school, benefitting 125,612 pregnant women and 363,368 children under five years old.
- National geo-mapping of more than 15,000 community health workers to establish a database for evidence-based policy advocacy, planning and programme implementation, including implementation of a community engagement strategy.
- Development of a newborn action plan based on an assessment of facilities for availability and quality of newborn care.

In WASH, UNICEF supported:

- The provision of essential hygiene supplies, safe water supply and sanitation facilities to 20,496 people during emergencies.
- Access to sustainable safe water and adequate sanitation facilities in healthcare facilities and schools for more than 171,000 people (including children).
- Access to sanitation services through community-led total sanitation (CLTS) approach for 392 communities (78,400 people) and the provision of safe water sources within CLTS communities for 18,432 people.
- The development and rolled-out of new WASH in health standards and CLTS protocols, and strengthening evidence generation for children through facilitation of nationwide WASH baseline survey.
- UNICEF facilitated testing of 55,000 pregnant women through provision of HIV test kits, testing of 650 HIV-exposed infants (16 per cent of exposed in 2016) and supported 713 people living with HIV to return to lifesaving treatment, including 26 children and adolescents.
- A total of 29,683 children out of 30,529 children with severe acute malnutrition (SAM) were provided quality treatment. UNICEF supported scale-up of mother support groups from 8,672 (2015) to 12,722 (2016) and capacity to screen for SAM children.

In education, UNICEF supported:

- The establishment and roll out of a situation room/EduTrac monitoring system (using the monitoring system established for the back-to-school programme in 2015) to track
education sector performance indicators and ensure replenishment of supplies to schools nationwide.

- Over 14,500 pregnant girls who continued studies and were reintegrated into schools.
- The project development and launch that supported 200,000 girls’ transition and completion rates in secondary school, and supported over 900 junior secondary schools to address safety from violence for girls’ from disadvantaged households, and help out-of-school girls back into education.
- More than 120,000 out-of-school children to enrol and stay in primary school. Over 5,000 primary school teachers were trained on child-centred teaching techniques.

In child protection,

- UNICEF provided psychosocial and first aid support to affected households and their families during the Ebola virus disease (EVD) epidemic, including family tracing and reunification packages to children who were released from quarantine.
- A total of 65,313 boys and 63,390 girls under-five were registered through routine birth registration; 90 per cent of them were registered within the first 30 days of birth.

In social planning and policy,

- UNICEF supported a child-friendly budget initiative with children and adolescents participating in budget discussions.
- Building on lessons learned from EVD, UNICEF strengthened advocacy with the Government of Sierra Leone to place community engagement on the public agenda.
- Working with the Ministry of Social Welfare, Gender and Children’s Affairs (MSWGCA), several results were achieved, namely the launch of the African Union (AU) campaign to end child marriage.

An internal audit was conducted in June 2016 covering governance, programme management and operational support. The Sierra Leone Country Office is implementing recommendations from the exit debriefing.

Despite significant progress made with improving internal processes, challenges remain. UNICEF will take the necessary measures to render its operations more efficient.

**Humanitarian Assistance**

In 2016, humanitarian assistance focused on the response to three events: new cases of the Ebola virus disease in the district of Tonkolili; a measles outbreak; and floods in the northern districts and the western area. UNICEF played a key convener role in the responses to these events.

In early 2016, a woman was found dead in the town of Magburaka (in Tonkolili district) and tested positive for EVD two and a half months after the November 2015 official end of the outbreak. In another case, a relative of the deceased was subsequently confirmed. The response to the new cases demonstrated adequate in-country capacity to respond to a resurgence of EVD. The response mechanism under the leadership of the MoHS and the Office of National Security was rapidly activated and the flare-up was confined to the two cases. Within the first 24 hours of the first confirmed case, United Nations agencies including WHO, UNFPA, WFP and UNICEF mobilized to support the response and quarantine communities; 123 peoples were declared high-risk contacts and placed under quarantine and 100 low-risk contacts were closely followed and monitored.

UNICEF Sierra Leone supported the deployment of more than 3,000 social mobilisers and the distribution of 350,000 litres of clean water and 123 hygiene kits to the quarantined communities. Non-food items were distributed to all quarantined and isolated persons. Overall, a total value of US$333,454 was dispatched to the affected districts (including tents and community care centres rapid response kits). The swift response highlighted the work
on preparedness initiated at the level of the UN Country Team (in November 2015), during which UN agencies mobilized to establish an Inter-Agency Rapid Response Team to address potential resurgence of EVD in the country. In the field, UNICEF played a key role in leading the Inter-Agency Rapid Response Team as Incident Manager.

In April-May 2016, UNICEF, WHO and Medicine Sans Frontiers (MSF) supported a joint response led by the Government to a measles outbreak, affecting 7,810 children under 18 years old. The vaccination campaign reached over 2.8 million children (99.9 per cent) between six months to 15 years with measles vaccine, interrupting the chain of transmission.

In the latter period of 2016, Sierra Leone experienced heavy rains resulting in flash floods. UNICEF supported the small number of affected households through provision of food, water, and non-food items for one month.

To support the Government to establish preparedness systems that respond timely and adequately to health and other emergencies, UNICEF Sierra Leone continued to work with sectors in updating all contingency plans in the Early Action Early Warning (EWEA) system. An emergency preparedness plan was developed using lessons learned from the response to the EVD outbreak. Emergency preparedness was integrated in partnership cooperation agreements (PCAs).

Finally, with support from DFID, UNICEF and WFP established an inter-agency stockpile of key supplies to respond to an EVD or any other type of diseases outbreak.

**Emerging Areas of Importance**

**Accelerate integrated Early Childhood Development (ECD).** ECD was a priority activity for UNICEF Sierra Leone, integrated in the community engagement strategy to ensure cross-sectoral interventions for its implementation. Through UNICEF support, the policy environment for education improved with the development of three ECD policy documents: the national ECD policy, early childhood care and education minimum standards, and the early childhood care and education curriculum.

With UNICEF advocacy, the Ministry of Education, Science and Technology (MEST) endorsed a pilot of community-based ECD in four resource-poor districts to provide early stimulation and early learning services at ECD centres and during home visits. Over 2,000 young children under six years old benefited from the project in 2016, which will reach 10,000 young children by 2018. The pilot project provided parenting support to caregivers in nutrition, health, WASH, child protection, early stimulation and early learning to improve child-rearing practices and to access available ECD services. A first cohort of 23 care for child development trainers and facilitators were trained in care for child development (early stimulation strategy) and provided support to implement early stimulation services as part of the community-based ECD pilot.

**Greater focus on the second decade of life.** To ensure that youth and adolescent issues remained a priority, three major child and adolescent engagement sessions were held on the Day of African Child, the Day of Girl Child and around the African Union campaign to end child marriage. Consultations were organised with youth and adolescents on issues affecting their development and wellbeing. UNICEF supported children from across the country to put forward their views on important issues as part of the preparation process for the 2017 Government budget.

UNICEF Sierra Leone supported the sensitization of 6,300 parents and guardians on issues affecting adolescents, particularly child marriage for adolescent girls. With UNICEF support,
3,150 adolescent boys participated in awareness-raising on sexual and reproductive health, including issues related to teenage pregnancy and child marriage.

UNICEF trained 298 women and youth groups to support enrolment, retention and completion of basic education for vulnerable children through the back-to-school campaign. The enrolment of 14,500 girls into the UNICEF-supported Bridge Education Programme for pregnant adolescent girls enabled them to continue and complete their studies across 303 learning centres and be reintegrated next year. UNICEF supported the development of core competencies on adolescent health for approximately 2,000 health workers.

Through funding from the UK Department for International Development (DFID), led by the MEST and implemented in collaboration with UNICEF and partners, a new education project ‘Girls Access to Education’ was launched on the International Day of the Girl. The project will support 200,000 girls’ transition and completion rates in secondary school, and over 900 junior secondary schools to address girls’ safety from violence, girls from disadvantaged households, and out-of-school girls to return to education.

### Summary Notes and Acronyms

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AU</td>
<td>African Union</td>
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<tr>
<td>C4D</td>
<td>Communication for Development</td>
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<td>CAP</td>
<td>Community Action Plan</td>
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<td>CMT</td>
<td>Country Management Team</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CPIMS</td>
<td>Child Protection Information Management System</td>
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<td>CRVS</td>
<td>Civil Registration and Vital Statistics</td>
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<td>DCT</td>
<td>Direct Cash Transfer</td>
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<td>DFID</td>
<td>UK Department for International Development</td>
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<td>DHIS</td>
<td>District Health Information System</td>
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<td>DHMT</td>
<td>District Health Management Team</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<td>EGRA</td>
<td>Early Grade Reading Assessment</td>
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<td>EID</td>
<td>Early Infant Diagnosis</td>
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<td>EMIS</td>
<td>Education Management Information System</td>
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<td>ESP</td>
<td>Education Sector Plan</td>
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<td>EVD</td>
<td>Ebola Virus Disease</td>
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<td>EVM</td>
<td>Effective Vaccine Management</td>
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<td>IMEP</td>
<td>Integrated Monitoring and Evaluation Plan</td>
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<td>IYCF</td>
<td>Infant and Young Child Feeding</td>
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<td>MDAs</td>
<td>Ministries, Departments and Agencies</td>
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<td>MEST</td>
<td>Ministry of Education, Science and Technology</td>
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<td>MNH</td>
<td>Maternal and Neonatal Health</td>
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<td>MoHS</td>
<td>Ministry of Health and Sanitation</td>
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<td>MSWGCA</td>
<td>Ministry of Social Welfare, Gender and Children’s Affairs</td>
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<td>OTP</td>
<td>Outpatient Therapeutic Programmes</td>
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<td>PCA</td>
<td>Programme Cooperation Agreement</td>
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<td>PHU</td>
<td>Peripheral Health Unit</td>
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<td>PMTCT</td>
<td>Prevention of Mother to Child Transmission</td>
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<td>PSS</td>
<td>Psychosocial Support</td>
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<td>SAM</td>
<td>Severe Acute Malnutrition</td>
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<td>SL</td>
<td>Sierra Leone</td>
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Capacity Development

The UNICEF-supported education management information system (EMIS) and situation room, supporting 5,487 schools, increased access to timely and reliable data. More than 50 staff from MoHS were trained in management and use of the district health information system (DHIS 2) tool, enhancing programme development and adjustment of district health management teams (DHMTs). These systems will be linked to DevInfo to improve monitoring of key development indicators and in-country data sharing.

UNICEF Sierra Leone increased capacity of the Legal Aid Board to provide legal aid services to children and of government institutions, academia and CSOs on child poverty calculations. A total of 1,980 health providers were trained on integrated management of childhood illnesses; all peripheral health unit (PHU) staff were trained on continuum of care for maternal, newborn and child health, with each health facility having at least one staff trained in newborn resuscitation. UNICEF supported construction or rehabilitation of health facilities (three CEmONCs, five BEmONCs, 11 staff quarters, 20 medical stores and one school for maternal and child health aides), benefitting 125,612 pregnant women and 363,368 under five children.

Prevention of mother-to-child transmission (PMTCT) services improved in all districts through refresher training for 247 health workers from 123 facilities. The roll out of early infant diagnosis (EID) and quality of paediatric antiretroviral treatment of HIV was enhanced through training of 120 health workers. Mother support groups increased from 8,672 in 2015 to 12,722 this year, and their capacity strengthened on screening for severe acute malnutrition and community-based infant and young child feeding (IYCF) counselling.

A total of 576 WASH management committees, 128 water point care takers/village technicians and 2,040 school health club members were trained and equipped with knowledge and skills to promote WASH functionality and behaviour sustainability. UNICEF supported Sierra Leone’s participation in an EVD vaccine workshop, covering lessons learned from the EVD response and vaccine trials, and supported drafting, validating and implementing national strategies for EVD vaccine use.

As part of the African Union campaign on ending child marriage by 2020, UNICEF supported the Office of the First Lady to host a high-level advocacy breakfast meeting with Government officials, resulting in commitment by policy makers to elaborate legislation penalising child marriage. UNICEF engagement with religious leaders on female genital mutilation/cutting led to a joint statement concluding that it is not a religious requirement.

With UNICEF support, a Parliamentarian committee on ending violence against children was established to champion prevention of violence against children, and Parliament developed and approved an action plan to end violence against children.

The National Conference on Community Engagement and Convergence was launched by the President in August 2016 to increase understanding and vision of community engagement as a national development strategy.
To address availability of healthcare professionals at the community level, UNICEF supported mapping of 14,622 community health workers, resulting in a database that supported evidence-based policy advocacy revision, programme planning and implementation.

In knowledge generation, UNICEF supported an external evaluation of the nutrition programme, as well as an assessment of facilities for newborn care services to provide evidence for actions that save newborn lives.

Based on a 2016 assessment, a comprehensive improvement plan was developed to strengthen immunization supply chain management for effective vaccine management. To improve WASH programming, UNICEF supported a nationwide WASH baseline and water point mapping, elaboration of environmental health and sanitation policy, and WASH in new health standards and guidelines. To raise awareness on under-nutrition, UNICEF organized a National Health and Nutrition Fair launched by the Vice President of Sierra Leone. To support EVD survivors, UNICEF supported the establishment of a database to guide programme and policy decisions; 2,409 survivors were verified and registered.

UNICEF Sierra Leone’s main partner was the Government, supported through capacity building (with over 62 per cent in direct cash transfers). To optimise its partnerships to reach the most disadvantaged and excluded communities, UNICEF launched an expression of interest, resulting in a reduction of partners, enhanced programming and monitoring, and value for money.

UNICEF established and strengthened a network of 500 religious leaders with the Inter-Religious Council of Sierra Leone to promote essential family practices and engage communities for uptake of high impact health interventions.

With support from the AU, UN Economic Commission for Africa, UNHCR, Plan Sierra Leone and UNICEF Sierra Leone, the pre-assessment of civil registration system was completed, establishing benchmarks for integration of birth registration in the Civil Registration and Vital Statistics (CRVS) system.

Under the H6 partnership, UNICEF, UNAIDS, UNFPA, WHO, UN Women and World Bank provided leadership in reproductive, maternal, newborn and child health. The forum established a division of labour for implementing the President’s recovery priorities. Under the H6, UNICEF worked to improve availability and accessibility of health professionals at community and peripheral level.

UNICEF and WHO supported MoHS to conduct health campaigns (for example on community health workers, polio immunisation and measles outbreak response). Through collaboration with MoHS, UN agencies and implementing partners, UNICEF supported high-level, technical discussions on nutrition through participation in 13 Scaling-Up Nutrition (SUN) coordination meetings at the national and district level that focused on multi-sectoral approaches to address under-nutrition.

UNICEF and UNFPA supported the National Secretariat for Teenage Pregnancy to develop a strategy to address teenage pregnancy and child marriage reduction, and to develop and roll out a national life-skills training manual for out-of-school adolescents.

Local media was an important partner, informing the public about campaigns, positive behaviours and new projects. UNICEF improved publications’ quality through trainings on ethical reporting on child rights.
The implementation of the external relations and advocacy team’s 2016 Communications and Public Advocacy Plan streamlined the Country Office (CO) with UNICEF’s global communication and public advocacy strategy and with the country programme action plan outputs, with a focus on partnership with local media houses and advocacy to prioritize ending violence against children and support early child development.

UNICEF Sierra Leone posted 19 web stories. A photo series was commissioned to highlight EU-UNICEF work in health in The Guardian newspaper.

UNICEF was featured in at least 130 newspaper articles often supported by press releases and media briefings. UNICEF played a key role in strengthening the voice of children through two “all children” conferences prior to major advocacy days, and supported bringing children into the government budgetary process.

High quality content and regular posts (more than 600 on Facebook and Twitter) attracted new followers to social media accounts. In the first effort to reach Sierra Leoneans using the country’s most popular social media platform, WhatsApp, UNICEF organized a session with influential WhatsApp administrators.

UNICEF trained more than 120 journalists on ethical child rights reporting.

UNICEF’s advocacy strategy helped coordinate efforts. One key activity was to engage MPs to end violence against women and children, which bore fruit in a detailed action plan for change. Communication efforts engaged the public around 12 advocacy campaigns, notably the Day of the African Child (child violence) and the Free Health Care initiative. More than 50,000 people, mainly youth, were reached through U-report SMS messages.

**South-South Cooperation and Triangular Cooperation**

UNICEF supported MEST to attend the Pan African Conference on Resilience and Social Cohesion in Addis Ababa, to share ideas for strengthening education policies and programmes to achieve sustainable education and African Agenda 2063. This high-level event brought together 16 ministers of education to exchange knowledge, experience and best practices. It culminated in the signing of an aide memoire on the conclusions of the conference, underlining the continued role of governments to promote peace and social cohesion through education systems.

Representatives from the Government (Director of Reproductive Child Health, MoHS and the Director General of the Ministry of Foreign Affairs) and UNICEF participated in the China-Africa-UNICEF Dialogue on Development Cooperation for Child Health, held in Beijing. The Government is eligible to apply for the US$2 billion South-South Cooperation Fund directly from China’s Ministry of Commerce and will explore the possibility of applying for funds together with the MoHS to address anticipated future gaps in newborn programming. A medical delegation from Hunan Children’s Hospital in China visited Sierra Leone and met with UNICEF to develop a collaborative approach to strengthen quality newborn and emergency health care services.

UNICEF facilitated the participation of the Director of Environmental Health and Sanitation of the MoHS at a meeting on Innovative Financing for WASH in West and Central Africa, and a team from reproductive and child health directorate for newborn health planning in Dakar, Senegal. The WASH conference shared experiences, reviewed existing financing mechanisms in Africa, (especially West and Central Africa) and identified short- to medium-term funding opportunities to WASH programmes.
Identification and Promotion of Innovation

Building on the EVD response, UNICEF used real time data across several programmatic areas. RapidPro was deployed across 12 chiefdoms in Kenema. It strengthened nutrition supply chain management and monitored the national distribution and availability of Free Health Care medicine in healthcare facilities (the Health for All Coalition provided complementary monitoring).

In education, RapidPro collected and shared information on monthly school-level indicators to inform policymaking and programming.

In child protection, CPIMS/Primero enabled MSWGCA to identify vulnerable children in emergencies and improve referral for protection and other services including case management.

The UNICEF youth engagement platform grew, with approximately 52,000 youth involved in national-level dialogue on issues where data is gathered, analysed and shared at the community level. Under the ‘One Billion Coalition for Resilience’, UNICEF and International Federation of the Red Cross supported National Red Cross/Red Crescent Societies and UNICEF country offices to establish and use U-Report as a participatory tool to communicate and engage with youth and communities on strengthening resilience against shocks and stresses. Innovative technologies such as U-Report provided referrals at a large scale and in real time through a digital ecosystem of services. UNICEF’s U-Report and National Red Cross/Red Crescent Societies volunteer network will help strengthen resilience at community level.

The CO explored innovative technology to deliver results for children, including: the development of a remote sensor for automated reporting and alerting, particularly in WASH and the Expanded Programme on Immunisation cold chain, and birth notification systems; and strengthening the humanitarian monitoring Early Warning Early Action by community using real time analysis of data on various platforms such as U-Report.

Support to Integration and Cross-Sectoral Linkages

UNICEF fostered cross-sectoral and multi-sectoral programming to respond to children and to environment in which they evolve, through establishment of cross-sectoral working groups (youth/adolescents, emergency, community engagement and advocacy). An internal coordination mechanism was established to ensure a holistic approach to community engagement based on a cross-cutting approach (health, education, child protection, emergency, nutrition, WASH and HIV). Convergence began in 28 communities in four districts. ECD was a priority for UNICEF Sierra Leone and was integrated across the sectors through the community engagement strategy.

UNICEF implemented integrated joint programmes with UN agencies, partnering with UNFPA, for example, on reduction of Female Genital Mutilation/Cutting. UNICEF received DFID funding to implement a cross-sectoral joint programme with UNFPA to increase access to and utilisation of quality health care for women, new-borns, children and adolescents, covering activities in WASH, health, nutrition, HIV, C4D and external relations and advocacy.

UNICEF launched an expression of interest for civil society organizations (CSOs) in 2016. In the screening proposals, CSOs were evaluated on the element of cross-sector capacity. The selection process resulted in the implementation of integrated partnership agreements that improved efficiency in programming and monitoring and cost-savings.
Service Delivery

In child survival and development, UNICEF supported:

- The procurement of essential medicines/supplies for Free Health Care (over US$13 million weighing over 7,000 metric tons and 11,000m³ in volume) for pregnant and lactating mothers and all under-five children.
- 2.7 million long lasting insecticide nets and sulphadoxine-pyrimethamine tabs for intermittent prophylactic treatment of malaria for infants.
- Vaccination campaigns for polio (1.5 million children 0 to 59 months, 95 per cent coverage) and for measles (2.8 million children). Two maternal and child health weeks reaching 1.3 million children 6 to 59 months with Vitamin A and 1.1 million children 12 to 59 months with deworming tablets (97 per cent coverage).
- Construction/rehabilitation of health facilities (three Comprehensive Emergency Obstetric and Neonatal Care Centres, five Basic Emergency Obstetric and Newborn Care, 11 staff quarters, 20 medical stores) to assist 24/7 delivery of emergency obstetric and newborn care.
- Tested 55,000 pregnant women through provision of HIV test kits, and tested 650 HIV exposed infants (approximately 16 per cent of exposed infants in 2016).

UNICEF supported the Government to facilitate access to sustainable safe water and adequate sanitation services in healthcare facilities and schools for 171,000 people (including children). Another 55,736 accessed safe drinking water sources and 165,772 people improved sanitation.

In child protection, 26,676 adolescents learned to protect themselves from abuse, violence and exploitation through UNICEF’s life-skills programmes. A total of 2,409 EVD survivors verified and registered under a comprehensive programme; 650 received ID cards to facilitate access to free health care. Also, 128,703 children under-five received birth certificates.

UNICEF distributed learning materials to 214,635 children and 14,500 pregnant and lactating young mothers in learning centres.

UNICEF supported printing of 50,000 education and routine immunization posters and 100,000 education awareness cards routine immunization and polio campaigns; 10,000 banners and 15,000 minutes of radio airtime reinforced campaigns.

DFID-funded supplies (US$8 million) were prepositioned in Port Loko as part of EVD preparedness and response.

Human Rights-Based Approach to Cooperation

UNICEF Sierra Leone supported the Government and civil society in mobilizing leaders and communities to reinforce the capacity to participate, engage and advocate for their own development and wellbeing. As an entry point, 1,086 village development committees (VDCs) were mapped and re-activated. Participatory community monitoring and accountability was rolled out in 36 communities to enhance service provision, demand for services and utilisation at the community level. UNICEF supported capacity building of 149 Paramount Chiefs to engage their communities for demand generation, monitoring services and emergency preparedness/response, resulting in 77 per cent of chiefdoms conducting convergence meetings. At policy level, UNICEF supported the organisation of a high-level conference to increase understanding and vision of community engagement into the national development agenda.

UNICEF advocated and supported development of new curriculum to address learners'
individual needs, interests, abilities and backgrounds while emphasizing need to improve learning outcomes for all children including provision of quality learning environments consistent with standards for the child friendly school model, as a key driver of equity in education. UNICEF supported capacity development initiatives in continuous professional development for all teachers at basic education to ensure the right skills in applying inclusive curriculum delivery approaches that support learning in all children.

UNICEF and the UN Country Team established a UN common position on female genital mutilation/cutting in Sierra Leone, adopting a clear position on its abandonment. UNICEF provided technical support to the National Council for Children in addressing the issues raised by the Committee on the Rights of the Child in the third to fifth periodic reports and supported the participation of the Government in the Committee’s meeting in Geneva. Moving forward, UNICEF will support Government and National Council for Children to develop a comprehensive plan for implementation of concluding observations.

**Gender Equality**

Aligned with UNICEF’s global gender action plan, UNICEF contributed to the following priorities.

On promoting gender-responsive adolescent health and ending child marriage: 23,978 adolescent girls and boys amplified their voices and engaged on issues related to child marriage, teenage pregnancy and female genital mutilation/cutting through U-report. An additional 26,676 adolescent girls and boys benefited from programmes and services on how to protect themselves from abuse, violence and exploitation. This included livelihood support and life skills training to improve the knowledge and decision-making processes that enable them to delay teenage pregnancy and child marriage.

Support was provided by partners to develop a national strategy for female genital mutilation/cutting reduction.

UNICEF supported participation of women in WASH facility management committees, enabling them to become CLTS champions (natural leaders) as well as provide leadership in water supply management.

Over 1,250 adolescent girls were part of the Theatre for Development groups that focused on girls’ empowerment by promoting positive behaviours and norms around gender parity in school enrolment, child marriage, teenage pregnancy and female genital mutilation/cutting. The groups reached over 360,000 people across six priority districts by end of 2016.

In partnership with the Office of the First Lady and the Office of the Wife of the Vice-President, UNICEF supported a month-long programme mobilising religious and traditional leaders on actions to end teenage pregnancy and child marriage and engaged school authorities and communities to support adolescent girls.

On advancing girls’ secondary education, the bridging programme successfully re-enrolled/reintegrated 5,072 girls back into the school system, as a result of the accelerated learning programme benefitting pregnant girls. Additionally, the recently launched programme ‘Girls access to education’ funded by DFID will benefit nearly 200,000 girls nationwide and improve transition and completion rates of girls in secondary school. The US$6.7 million project will support girls from disadvantaged households and help out-of-school girls back into education.
### Environmental Sustainability

The 2016 baseline assessment (to be completed in March 2017) figures indicated an increase in the office’s carbon emissions, with each staff contributing 4.1 tons of carbon emissions; an increase from 2.0 tons of carbon emissions in 2015. The sharp increase can be attributed to the response to the EVD outbreak. The data collected during the first two years will be used as a baseline for future comparisons that will guide decision making on reduction of carbon emissions.

In 2015 and 2016, the results of the environmental footprint assessment were presented to UNICEF staff to introduce them to the UN commitment to achieve full climate neutrality by 2020 and understand their role in reducing carbon emissions. Several initiatives were presented for implementation. To oversee the process, UNICEF established a Greening Team of staff that will engage all stakeholders (including surrounding communities) in the implementation of carbon emissions reduction strategy.

The UNICEF Greening Team elaborated an office greening proposal to capitalise on the establishment of the “Greening and Accessibility Fund” by UNICEF Headquarters. The proposal components were to enhance water harvesting and an energy saving project. One objective is to stop the use of generators at night when power demands are minimal. It was noted that the amount of carbon emissions from generators increased from 37.2 in 2014 to 96.9 in 2015. UNICEF is currently harvesting up to 250,000 litres of water annually. This initiative will be expanded to take advantage of the eight to nine month rainy season. This project will reduce water purchases by 95 per cent.

At a programmatic level, UNICEF supported use of solar-powered equipment in cold chain management. Solar-powered fridges, funded by the Japan International Cooperation Agency, the World Bank and the European Union were purchased and distributed to all districts. In WASH, UNICEF focused on the construction of deep water boreholes driven by solar power as opposed to the diesel power generators.

### Effective Leadership

UNICEF sustained efforts to enhance programme and operations efficiency and effectiveness through stronger oversight. Key performance indicators were monitored monthly by the country management team (CMT). To improving its systems and processes, UNICEF underwent an audit in 2016 and is implementing recommendations from the exit debriefing. UNICEF implemented recommendations from the review undertaken by DFID on the implementation of DFID-funded programmes.

One priority in 2016 was the implementation of the field support group guidelines, which included improving functionality of the statutory committees (CMT, HACT, CRC, JCC and PSB) by reducing the number of meetings and monitoring how action points are implemented to improve programme performance. To ensure regular exchange with staff, UNICEF held all-staff meetings on a bi-weekly basis and organised a staff retreat to boost staff morale and foster camaraderie.

UNICEF undertook measures to improve quality assurance of key office processes including a review of programme cooperative agreements, results assessment module, planning and reporting. Implementation of annual management plan activities were underway. In operations, UNICEF completed the smooth and successful transition to the Global Shared Services Centre.

UNICEF decentralised its office by rendering field offices operational. The recruitment process for the Chief of Field Offices was completed and the recruitment process for
Finally, UNICEF Sierra Leone had a convening role in areas such as community engagement. UNICEF was the incident manager of the Inter-Agency Rapid Response Team for the EVD response and co-led the President’s recovery priorities. In the response to the EVD outbreak, The CO remained an active member of national steering committees, co-chairing social mobilization and social protection pillars.

**Financial Resources Management**

Several achievements were made in financial resource management and efficiency of processes. In 2016, UNICEF completed timely bank reconciliations to meet Division of Financial and Administrative Management deadlines; the cash forecast met the objective of the 25 per cent threshold minimum balance; there were no outstanding direct cash transfers (DCTs) over nine months and no write-offs were recorded in liquidations.

UNICEF improved systems related to financial procedures. An invoice tracking was developed to improve efficiency in processing invoices and DCTs. The office introduced a GL code summary card that captured the frequently used codes, simplified the GL coding process and significantly reduced errors. In collaboration with the Standard Chartered Bank and the Global Shared Service Centre, UNICEF adopted the straight-through process to hasten the processing payment transactions between the Global Shared Services Centre and Standard Chartered Bank.

At a programmatic level, UNICEF established mechanisms to improve contribution management and proper utilisation of financial resources. A standing agenda item of the weekly meeting of chiefs of section was a review of utilisation of funds, DCTs, donor reports and expiring grants. The indicators were organised on a dashboard, populated with data from Insight.

Finally, UNICEF will draw on the regional fundraising strategy to improve contribution management.

**Fundraising and Donor Relations**

The 2015-2018 Government of Sierra Leone-UNICEF Country Programme Action Document proposed a throughput ceiling of US$241.4 million consisting of US$35.8 million in regular resources (RR) and US$205.6 million in other resources (OR).

UNICEF developed a fundraising strategy in 2016. Against the approved ceiling of US$241.4 million, UNICEF raised US$144.9 million of regular resources (ORR) 2015 and 2016. Additionally, UNICEF raised US$96.6 million of other resources (ORE), meaning that US$241.4 was available for the Country Programme during 2015 and 2016. During 2016, US$146.3 million was raised from both ORR and ORE funding sources. In 2016, UNICEF utilised 100 per cent of allocated resources under ORR and ORE.

With regards to donor relations, a workflow process was implemented to streamline donor reporting and improve quality of reports. A reporting schedule is generated on a regular basis and shared with managers to ensure that reports are submitted to donors in a timely manner.

**Evaluation and Research**

UNICEF commissioned an external evaluation, ‘Evaluating the effectiveness of nutrition programme in seven districts in Sierra Leone’ to assess implementation of the UNICEF Nutrition Programme in seven Irish Aid supported districts (Bombali, Kambia, Kenema, ...
Kono, Port Loko, Pujehun and Tonkolili). Preliminary results indicated that UNICEF strategies were appropriate to leverage existing relationships with MoHS and Directorate of Food and Nutrition, contributing to policy change toward improved nutrition, building capacity at government facilities for treating children with severe acute malnutrition, integrating child health days into the national healthcare system, and building capacity for IYCF counselling among community health workers and mother support groups in the community, as well as in identifying and addressing barriers and bottlenecks.

A study ‘Lessons from the Response to the EVD Outbreak in Sierra Leone May 2014 – November 2015’ commissioned by the National EVD Response Centre, with support from UNICEF, FAO, FOCUS 1000, UNAIDS, UNDP, UNFPA, UNOCHA, UN Women, WFP, and WHO resulted in the following conclusions, recommendations and lessons:

- Leadership: Leader involvement in the emergency response was crucial to provide guidance, mobilize resources and build community trust and sense of ownership to stop and prevent the spread of EVD;
- Social mobilization: Social mobilisation was successful when there was mutual trust and respect between leaders and their communities that increase public participation and sense of ownership. Secondly, involvement of local leaders and key community members in social mobilisation builds trust and collaboration;
- Coordination: Relevant Government ministries should lead policy development on emergency preparedness, response and mitigation, and ensure policy coherence across sectors and departments;
- Resource mobilization: An emergency fund should be set aside in the state budget and shared with districts and chiefdoms. Transparent and accountable use of emergency funds build public trust and therefore encourage support from domestic and international communities.

Efficiency Gains and Cost Savings

UNICEF undertook several initiatives during the reporting period to reduce overall operational costs. Programmatically, the call for the expression of interest reduced the number of civil society organizations from 65 in 2015 to 33 in 2016 which reduced operational time-cost of monitoring partners.

In operations, the installation of GPS in UNICEF vehicles increased the effectiveness of tracking trips, which resulted in: fuel savings; reduced unnecessary overtime claims for drivers (drivers’ overtime accounts 80 per cent of all overtime claims and 2016 saw a 63 per cent reduction in overtime claims to US$24,000 from US$65,000); and less distance covered by vehicles reducing wear and tear as well as vehicle maintenance costs. UNICEF spent less time in producing reports as most critical information on vehicle utilization was obtained from the vehicle tracking reports. UNICEF did not record any speeding accidents due to good monitoring of drivers.

The installation of an automatic transfer switch for the generator reduced expenditure on diesel. This equipment changed the power source automatically from the national grid to the generator and reduced unnecessary running of generators once power is restored. In 2016, the office spent 35 per cent less on fuel in general as compared to 2015.

UNICEF installed a water harvesting system that reduced expenditure on sanitary water in 2016. The office harvested around 250,000 litres of water every year and expenditure on sanitary water was reduced by 30 per cent in 2016.
Supply Management

The implementation of the supply plan as of December was US$30.8 million.

The CO supply chain expenditure on goods, services, construction and procurement services in 2016 totalled US$46.6 million representing 48 per cent of the total Country Office expenditure. UNICEF’s contribution to the 10 to 24 month Presidential recovery priorities accounted for the volume of supplies procured and delivered during 2016.

<table>
<thead>
<tr>
<th>Programme Supplies</th>
<th>US$ 31,499,735</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations and Admin Supplies</td>
<td>US$ 524,475</td>
</tr>
<tr>
<td>Services</td>
<td>US$ 2,850,467</td>
</tr>
<tr>
<td>Services with Construction</td>
<td>US$ 6,471,952</td>
</tr>
<tr>
<td>Procurement Services Total</td>
<td>US$ 8,127,473</td>
</tr>
<tr>
<td><strong>Value of Supplies (goods, services and procurement services)</strong></td>
<td><strong>US$ 46,632,635</strong></td>
</tr>
</tbody>
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As part of the President’s recovery priorities, solar cold chain equipment was procured and distributed to health facilities throughout the country to strengthen the Government vaccine storage capacities. Free Health Care supplies were purchased and distributed on behalf of USAID, EU and DFID.

In 2016, UNICEF contributed to the procurement for routine and mass campaign distribution of more than 2.7 million Long Lasting Insecticide Nets, Free Health Care drugs and nutrition supplies.

In 2016, UNICEF received and cleared 337 containers from the sea port and processed customs clearance for 219 air freight shipments at a total cost of US$650,991. The number of days processing customs clearance fell from over 60 days in 2015 to between 10 to 20 days in 2016. A total of 396 trucks were used for in-country logistics operations at a total cost of US$1,103,826. In-kind contribution received from DFID valued at US$8 million for readiness and response to EVD and other disasters was prepositioned in Port Loko.

UNICEF provided support for logistics capacity at estimated US$6 million through the construction of 20 storage facilities in district hospitals and 25 metric tons of relief items worth US$30,000 to Benin Country Office to support emergency response to Lassa Fever. By December 2016, out of the total of US$38.4 million programme supplies, US$22.8 million represented direct procurement by UNICEF while $8.01 million were in-kind donations. A total value of US$8,579,962 was delivered to partners.

The value of the inventory of programme supplies controlled by the CO recorded physically in the warehouse as of 4th January 2017 was US$18,882,097 of which US$9,382,349 were supplies prepositioned for emergencies.
Security for Staff and Premises

Security and safety of staff remained a priority for UNICEF and the first agenda item discussed in the country management team monthly meeting. The threat of EVD subsided, however there was a noticeable increase in house break-ins and petty crimes. The CO continued to monitor and enforce the mandatory staff attendance at the security briefing conducted by the UNDSS for new arrivals in the country.

The UNICEF CO has five office and warehouse premises; each location had 24/7 security guard force. The following enhanced security on each premise in 2016:

- Anti-blast film to safeguard staff members;
- CCTV installation to monitor unwanted activities;
- Installation of centralized fire alarm system;
- Perimeter fence enhancement;
- Perimeter Razor wire replaced with new one.

All vehicle under-carriers were scanned for foreign objects such as improvised explosive devices. All staff were required to have their residences assessed by UNDSS before occupation.

The safety of staff on mission was enhanced by the following measures:

- Vehicles installed with radio equipment;
- Vehicles had GPS tracking (with SOS facility and immobilizer in case of carjacking);
- Vehicle speed was monitored with GPS tracking to reduce accidents;
- Each driver underwent security and radio use training;
- Drivers attended a vehicle management training facilitated by the road transport;
- Vehicles were equipped with first aid kits and spare tires, inner tubes and critical tools.

Human Resources

Due to the decrease in emergency activities, the transition to GSSC and reduction in financial resources, UNICEF conducted a staffing review in early 2016, reducing the number of staff from 252 in 2015 to 138 in 2016. With reduced OR funds after EVD, 18 positions on OR were funded on RR.

Breakdown of staffing: international professional 33 fixed term, two temporary appointment; national officers 39 fixed term, five temporary appointment; general service 56 fixed term; six temporary appointment, special service agreement 17.

Quality assurance in recruitment to all positions remained a priority with the implementation of the new talent system that reduced recruitment time from 63 to 52 days.

The new performance system boosted the completion rate of performance planning to 98 per cent. A monitoring system was established to track and share on a weekly basis the completion rate of the PAS cycle.

On learning and development: the mentoring and coaching programme was launched as an innovation that combines in-house support from senior colleagues of different sections with uniquely tailored programmes to help national staff reach their full potential. The programme attracted 14 candidates and will be fully implemented in 2017.

Implementation of the staff survey action plan to address the three areas rated the lowest in the global staff survey (i.e. personal empowerment, career and professional development, work/life balance) progressed to 80 per cent. The results were reviewed at a staff retreat and contextualised for a new action plan for 2017. Raising staff and manager awareness on human resource policies, including office cohesion, were the new flagships in staff welfare.
On UN cares, 99 per cent of staff completed the online training and participated in prevention activities organized by the UN Clinic.

**Effective Use of Information and Communication Technology**

With the support of the UNICEF Regional Office, the Country Office made use of SharePoint to develop simple applications to manage and monitor contracts and invoices. A tool was developed to book transport requests for trips to the city centre. The system was tested in operations to be launched. As suggested by the auditors, the Office made better use of OneDrive to share large files. The eTools application was launched and widely used in planning trips and reporting. Skype for Business was used for conference calls and interviews, and resulted in cost savings.

Daily updates from social media channels (Facebook and Twitter especially) continued to grow in reach and engagement despite the end of the EVD outbreak. Over the year, the Facebook account grew from 11,877 to 14,500 (22 per cent), while Twitter grew from 4,890 to 6,500 (33 per cent). On Instagram, UNICEF has 2,587 followers, up from 1,197 (116 per cent).

Platforms such as social media and U-Report (which has grown from 20,000 reporters to more than 50,000 over the year) were inter-linked with programme activities, for instance around the Day of the African Child when polling data from a U-Report survey was used in the main event to advocate to senior government officials.

**Programme Components from RAM**

**ANALYSIS BY OUTCOME AND OUTPUT RESULTS**

**OUTCOME 1** Improved and equitable use of high-impact maternal and child health interventions from pregnancy to adolescence and promotion of healthy behaviours

**Analytical Statement of Progress:**

In support of the presidential recovery plan, the agenda for prosperity, SDGs and other global plans, UNICEF in partnership with UN Agencies and partners supported the MOHS to achieve this outcome.

The series of capacity-building initiatives enabled health facility staff and management to deliver a package of high-impact health interventions for mothers, new-born and under five children with focus on gender equality and the most vulnerable in all 13 districts. This enhanced delivery of high-impact community-based health interventions for women, new-born and under five children, including promotion of healthy behaviours with special focus on gender equality and the most vulnerable in these districts. UNICEF advocacy work in health led to increased political commitment, better accountability and improved national capacity to undertake surveys, surveillance, research, legislate, plan and budget for scaling-up maternal and child health interventions for children.

The reform process on national pharmaceutical procurement and logistic operations was supported by UNICEF. Special focus on adolescents and women of child-bearing age was integrated in cross sectoral manner.

Health emergency preparedness and response from UNICEF, and the EVD response with a focus on children and women of child-bearing age was successful. UNICEF in collaboration with the MoHS, UN agencies and NGO partners, played a significant role in curbing the EVD
epidemic and contributed to the post EVD recovery plans.

In 2016, all activities were aligned with presidential priorities of drastic reduction in maternal and child mortality (EVD Recovery Plan), key achievements recorded include the continuation of service delivery for RMNCH in the context of both at facility and community levels ensuring the provision of child survival intervention package responding to outbreaks and initiating new evidence based interventions to cover the huge gap of services for new born in the country.

UNICEF supported the development of the health component of the EVD recovery plan that formed the basis for Government response to development issues in the country. The strengthening of the HMIS enhanced data quality and assisted national- and district-level reviews. Though there are initial challenges with the HMIS, it promises to support the ministry with real time data for better, equitable health outcomes for the people of Sierra Leone especially children.

Other challenges and bottlenecks included limited capacity at all levels of the health system vis-à-vis the EVD outbreak, affecting the speed of implementation of programmes including monitoring and supportive supervision at all levels of the health system. HMIS data quality, although much improved, remains suboptimal, impacting ability to accurately track progress.

In line with progress and challenges, UNICEF will invest in sustaining gains of trained staff through on-the-job mentoring, coaching and supportive supervision, scaling-up evidence-based interventions, ensuring delivery of a comprehensive package of essential health care to last child. Continuing with health system strengthening would be a priority to capacitate country’s health system as resilient and responsive to the communities need keeping community engagement at the heart of all interventions and tracking progress through real time data using mobile technologies.

**OUTPUT 1** Increased capacity of health facilities to deliver a package of high impact health interventions for mothers, new-born and under 5 children with special focus on gender equality and the most vulnerable in all 13 districts by 2018

**Analytical Statement of Progress:**
UNICEF Sierra Leone, in collaboration with MoHS, UN agencies and other NGO partners, trained an additional 500 health workers, resulting resulted in 73 per cent of PHUs having staff with the competencies and skills required to provide clinical care for children using the IMNCI approach. In addition, 44 per cent of all PHUs received on-the-job coaching and supportive supervision on IMNCI in the last quarter of 2016.

Thirty health workers (District Operation Officers and Cold Room Officers) were trained on vaccine management and installation of solar refrigerators and preventive maintenance to improve cold chain maintenance at the district level. This resulted in the successful implementation of switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in routine immunization service. Also, 328 solar refrigerators were procured, out of which 186 were distributed and installed at the PHUs and 142 distributed for onward installation at the health facilities in the coming year. Twenty-eight Iceline refrigerators and deep freezers were distributed to district cold stores and 3,000 vaccine carriers and 25,000 ice packs cleared for distribution to the districts. Also, 192,587 and 19,544 under one year children vaccinated with pentavalent 3 and measles first dose respectively as at September 2016 due to revitalization of outreach services and defaulter tracing.
The CO will concentrate in scaling-up evidence-based child health interventions with a focus on new-borns, increasing ownership of national and district teams, orientation of all district medical officers and establishment of a database for trained staff. UNICEF will support the strengthening of outreach services including documentation, strategic and timely planning for procurement and distribution of supplies, strengthening community-based health systems and routine immunization services. The 2016 Effective Vaccine Management Assessment Report will provide the basis for the implementation of a comprehensive improvement plan on newborn care in 2017.

The President’s recovery priorities for reduction of maternal and child mortality are an opportunity to scale-up maternal newborn, child and adolescent health interventions to the most vulnerable and deprived communities, using community engagement approach to ensure optimum services utilisation. UNICEF will invest in sustaining the gains made in terms of trained staff through on the job mentoring, coaching and supportive supervision, scaling-up evidence based interventions, ensuring delivery of a comprehensive package of essential health care to every child. Significant investment from DFID for the implementation for joint UN programme ‘Saving Lives Project’ is a pronounced opportunity to support Government of Sierra Leone in scaling-up quality health services for mothers, children and adolescents.

**OUTPUT 2** Increased capacity to deliver high impact community based health interventions for women, new-born and under five children, including promotion of healthy behaviours, with special focus on gender equality and the most vulnerable, in all 13 districts by 2018.

**Analytical Statement of Progress:**
In collaboration with MoHS and partners, the revised and finalised national Community Health Worker policy and training curriculum. The Community Health Worker programme is being implemented directly by DHMTs in Koinadugu, Moyamba and Bo districts and in partnership with NGO partners (International Rescue Commute, Save the children, World Health International and Development Initiative Programme) in other districts with supportive supervision provided by the national Community Health Worker hub. This effort was complimented by the geo-mapping of Community Health Workers, completed and disseminated to national and district stakeholders. All these achievements have led to increased capacity of the country to deliver high impact community based health interventions for mothers, newborn and under-five children.

Two biannual Maternal and Child Health weeks were conducted in June and November 2016 and four rounds of polio campaigns were conducted in the year, targeting under-five children with related interventions, resulting with an average coverage of 95 per cent of the target population reached through each intervention.

Challenges included continued high stock-out rates of essential medicines among community health workers, consistent with findings from the geo-mapping exercise, the EVD case study, and routine data monitoring of stock levels. The revised community health worker policy is yet to be launched and implementation yet to start, hence, no community health worker is yet trained on the revised package. Though funding was secured from multiple donors, separate timelines, conditions and requirements for each donor made the funding landscape complex for the capacity that exists within the MoHS. Though Government recognised the importance of the programme at all levels, it has not yet committed direct funding to the programme. This raised significant concerns with regards to sustainability of the programme.

Nonetheless, strong commitment from the Government on community engagement and community-based services through the community health worker programme and the
establishment of a task force on community engagement at the State House created the opportunity for improved maternal newborn and child health outcomes. Though there were delays in engaging CSO partners in line with the new UNICEF Headquarters guidelines, the expression of interest for integrated PCAs launched by the Country Office allowed for a comprehensive health, nutrition, WASH, education and protection activities to be delivered to communities in a more harmonized and cost effective manner. As a result, key donors including the World Bank, Global Fund and DFID committed to fund the national community health worker programme. With the launch of the Global Financing Facility, and Sierra Leone among the second batch of countries to be supported, additional funding is expected in 2017.

Building on the gains of 2016, UNICEF will strengthen the implementation and monitoring of community-based programme in an integrated manner, as well as improve community based health care system through the strengthening of MoHS coordination of the Community Health Workers programme at national and district levels (district coordination committee or Technical Working Groups). Focus will be placed on the mobilization of resources to implement the revised Community Health Worker policy and roll-out of the revised Community Health Worker training curriculum.

OUTPUT 3 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislation, plan and budget for scaling-up maternal and child health interventions for children, adolescents and women of child bearing age by 2018

Analytical Statement of Progress:
UNICEF, in collaboration with Directorate of Policy, Planning and Information of the MoHS and all 13 DHMTs provided financial and technical support to MoHS in increasing political commitment, accountability and national capacity to survey, legislate and plan for scaling-up maternal and child health interventions.

In addition, the DHMTs strengthened capacity to implement the following five components of the programme: (1) monthly PHU in-charge meeting, (2) monthly HMIS supportive supervision to 10 per cent of low performing PHUs, (3) hospital data collection and submission, (4) quarterly stakeholder meeting and (5) training on HMIS tools to PHU staff.

UNICEF hired a consultant to improve the capacity of the central-level HMIS officers at the ministry to manage and use the DHIS2 tool through hands-on training, mentoring and supervision. As a result, HMIS report completion rate for Jan-Oct 2016 increased to 88.6 per cent, a significant improvement from the last five year average report completion rate of 55.4 per cent, and the last three year average report completion rate of 62.7 per cent and 2015 report completion rate (68.1 per cent).

While the completeness and timeliness of HMIS data were relatively easier to improve, it took more time to increase the data accuracy. These challenges will be addressed with the new lessons learned that were garnered and newly emerging opportunities.

One of the lessons identified from the HMIS management is that data use drives data quality. As staff started looking at data for decision-making, they identified data quality issues and ways to improve data quality. Also, new opportunities are arising for data quality improvement as more donors and partners are interested in investing in mobile data collection: a game changer for the enhancement of data quality.

In 2017, UNICEF will focus on improving the accuracy and reliability of HMIS data by exploring the possibility of using mobile technology as well as enhance the establishment of a mobile data hub, managed by the MoHS with support from UNICEF. UNICEF will continue
to strengthen the overall capacity of the ministry for planning, reviewing and monitoring and evaluation, as well as support the establishment of National Logistic Working Group to monitor and report on the implementation of EVM comprehensive Improvement plan for the next five years.

OUTPUT 4 Health emergency preparedness and response with special focus on children and women of child bearing age is implemented by the Government, UNICEF and its partners in a timely manner during the Country Programme cycle.

Analytical Statement of Progress:
In collaboration with MoHS, UN agencies and other NGO partners, UNICEF Sierra Leone conducted the measles reactive campaign in response to the emergency outbreak notified in first half of the year, targeting children between six months and 15 years in April/May 2016 with the national coverage of 97.7 per cent and administrative coverage of 100 per cent.

The draft UNICEF Emergency Preparedness and Response Plan, developed by UNICEF, included inputs from health and the MoHS infectious prevention unit thus ensuring a comprehensive Plan. The prepositioning of emergency supplies from Liberia and DFID (donations) along with development of an inventory of all health emergency supplies facilitated response to predicted risks that were planned for distribution in consultation with infection prevention unit of the MoHS thus avoiding wastage due to expiry date.

Realising that the emergency preparedness and response capacity is key to overcome challenges of emergencies and outbreaks, UNICEF with MoHS will reinforce emergency preparedness planning for future disease outbreaks including development/review and management/updating of an Early Warning and Early Action plan in 2017. Focus will be on monitoring, preparedness and response capacity. In collaboration with WHO, UNICEF monitor vulnerability to emergencies especially outbreaks like measles, yellow fever, polio and keeping supplies and preparedness planned updated to ensure readiness of response.

OUTCOME 2 Improved and equitable use of nutritional support and improve nutrition and care services.

Analytical Statement of Progress:
The nutrition programme made progress in achieving results, possible through collaboration with the MoHS, UN agencies, international and national development partners, as well as implementing partners.

During the programme cycle, there was a significant increase in the number of children screened and identified for severe acute malnutrition (SAM). Among the 29,683 children admitted in the programme, nearly 97 per cent were treated for severe acute malnutrition and cured, by expanding the programme to additional OTPs and bringing services closer to the communities. During the reporting period, in partnership with Directorate of Food and Nutrition, UNICEF worked to strengthen the quality of IMAM services delivered at the SAM treatment sites. Presently, 79 per cent of OTPs provide quality treatment and meet the SPHERE standards of less than 10 per cent death, less than 15 per cent defaulter rates and less than 75 per cent cure rate. UNICEF will move towards maintaining the programme quality in the remaining sites while maintaining programme quality in the existing sites.

In addition to treatment of children with SAM, there was acceleration in efforts to prevent child under-nutrition at the community level through an improved IYCF programme. In the
reporting year, nearly 88 per cent of mothers and caregivers in the communities (i.e. 228,586 out of targeted 261,164 mothers from catchment communities) were provided IYCF counselling across 13 districts by a network of 12,722 mother support groups. The mother support groups conducted screening of children with mid-upper arm circumference tapes to identify the severely malnourished children, provided breastfeeding and complementary feeding counselling and conducted food demonstration to promote age-appropriate complementary foods and feeding practices.

In addition, through the bi-annual vitamin A campaigns commonly known as the Maternal and Child Health Weeks, a high coverage of vitamin A supplementation and deworming services was maintained. In addition and to ensure that these programmes are sustainable, UNICEF in partnership with the Directorate of Food and Nutrition worked to validate and finalize the IYCF Operational Guidelines and the Mother Support Group Operational Guidelines using a system-strengthening approach to guide Government and development partners.

Through multi-sectoral partnerships that deliver health, nutrition, WASH, early childhood and development and livelihood services, nine NGOs in 13 districts provided a platform for nutrition-specific and nutrition-sensitive interventions to be implemented in the same geographic area and benefit the nutritionally at risk population i.e., malnourished children under five years and infants less than six months. In addition, partnership with the Scaling Up Nutrition (SUN) initiative and other technical working groups helped enhance awareness on importance of multi-sectoral approaches to address child under-nutrition both at the national and district levels.

Nutrition will strengthen the following programme areas: (1) quality of IMAM services especially in inpatient therapeutic facilities and increased triage referrals, training, on-the-job mentoring, and supervision, (2) monitoring of the nutrition supply chain using the accountability matrix, (3) capacity of government functionaries in the management and monitoring of IMAM programme including developing their capacity in data management (4) integration of IMAM programme with growth monitoring and promotion and IYCF programme, (5) facility and community based IYCF programme, (6) routine vitamin A supplementation services and coverage through a pilot in three districts and (7) the policy environment for nutrition through development of stunting reduction strategy, vitamin A and salt iodization guidelines, and guidelines governing external support/donations of nutrition products during emergencies.

**OUTPUT 1** Health workers in all districts including western area have the capacity to provide equitable and quality integrated management of severe acute malnutrition services to children under the age of five with focus in hard to reach communities by 2018.

**Analytical Statement of Progress:**
The performance of the IMAM programme at the national level against the SPHERE standards were at acceptable levels.

In partnership with stakeholders, UNICEF Nutrition Programme supported expansion of the PHUs offering IMAM services from 453 in 2014 to 659 in 2016 wherein 447 new health workers working from 659 health facilities trained on IMAM protocol and supported through quarterly on-the-job coaching, supervision and monitoring visits by government, UNICEF and implementing partners.

A total of 734,430 children were screened for malnutrition by the 12,722 trained Mother Support Groups between January and October 2016. Of the children identified as severely malnourished 29,683 children were admitted in 659 (639 OTP and 20 IPF) health facilities.
across 14 districts i.e., both inpatient and outpatient. Among the 29,683 severely malnourished children 25,150 were discharged (cured, defaulted and deaths) by the end of September 2016 and 23,727 out of 25,150 discharged were cured, giving a cure rate of 94 per cent, 4 per cent defaulted, and 2 per cent died.

In addition, training was provided to health workers as well as 40 medical doctors on management of SAM. There was a master training on the supplementary suckling technique to manage SAM babies less than six months of age.

Among the OTPs providing treatment, nearly 79 per cent (518 out of the functional 659) OTPs provided quality IMAM services in line with SPHERE standards of less than 10 per cent and 15 per cent death and defaulter rates respectively and more than 75 per cent cure rate. In addition, 61 per cent of facilities offering IMAM services experienced zero stock-outs in 2016. Integration of HIV screening and testing into IMAM services was initiated in 2016.

To ensure effective supply chain management of nutrition therapeutic supplies, an accountability framework was developed. This accountability framework outlined the roles and responsibilities of different government functionaries, UNICEF and development partners in the nutrition supply chain monitoring. At the programmatic level, monitoring tools for guiding procurement of supplies, storage, distribution and monitoring programme implementation were improved in collaboration with Directorate of Food and Nutrition and implementing partners since August 2016.

OUTPUT 2 Infants, young children (0-24 months) and mothers particularly those in deprived and hard to reach communities have access to quality maternal, infant and young child nutrition Services by end December 2018

Analytical Statement of Progress:
Data from the Sierra Leone National Nutrition survey highlights gaps in both breastfeeding and complementary feeding practices. Post EVD, it was suspected that infant and young child feeding practices were impacted (though no data is available). Hence, in partnership with the Government, efforts were made to create a sustainable and enabling environment for nutrition programme implementation.

During the reporting year, the IYCF strategy was disseminated and the IYCF Operational Guidelines endorsed by MoHS. Mother Support Groups’ Operational Guidelines—an important document guiding the implementation of an IYCF programme—was validated.

The IYCF programme was implemented at the community level through Mother Support Groups—a community based platform to reach out to mothers and their children with IYCF counselling services. Across 13 districts, 88 per cent (228,586 out of targeted 261,164) of mothers and caregivers were counselled by trained Mother Support Group members. By end of November 2016, 12,722 out of the targeted 16,734 (76 per cent) Mother Support Groups had at least one trained member offering nutrition services such as counselling, complementary food demonstration sessions, screening and referrals. Mother Support Group coverage increased from 8,672 communities in 2015 to 12,722 communities in 2016, made possible through collaboration with MoHS and NGO partners. The main challenge in the programme was that Mother Support Groups establishment and functioning were dependent on implementing partners and donor funding.

In addition, nearly 246 health workers were trained on the six monthly contact point training package which includes IYCF, vitamin A supplementation, growth monitoring promotion, and family planning.
The following priorities are important to achieve results by 2018: (1) development of a joint IYCF programme implementation plan for 2017 with Directorate of Food and Nutrition, UNICEF and development partners, (2) strengthen IYCF services across the country with focus on integration in the IMAM programme, ANC and post-natal care, (3) strengthen breastfeeding and complementary feeding interventions using the Mother Support Group platform and (4) monitor the performance of Mother Support Groups to develop capacity through supportive supervision and mentoring.

**OUTPUT 3** MoHS and other development partners have the capacity to scale up nutrition interventions to control micronutrient deficiencies especially in vulnerable and marginalized children and women with special focus to iron, vitamin A and iodine deficiency by 2018.

**Analytical Statement of Progress:**
The programme monitoring reports highlighted that 1,356,479 out of 1,356,795 children aged 6 - 59 months nationwide received vitamin A supplements through integration of vitamin A supplementation in the community health worker conducted in June. In the November 2016 MHCW, 101 per cent (1,356,795 out of 1,382,700) of children 6 - 59 months nationwide had received vitamin A supplements. In addition, 100 per cent (1,191,345 out of 1,183,955) of children 12 - 59 months nationwide were dewormed during the community health worker conducted in June 2016 while the coverage in the November 2016 Community Health Worker was at 102.4 per cent (1,183,955 out of 1,212,643). One of the bottlenecks in making precise estimates of vitamin A coverage is that the denominator is taken as the number of children reached with vaccines, and not the projected population from the census data. UNICEF is working with the Government to rectify this issue.

UNICEF supported the Government in the development of the anaemia reduction strategy in partnership with Hellen Keller International. Technical inputs were provided to the strategy.

Routine vitamin A supplementation programme remained at a weak coverage of 30 per cent. Thus, moving forward in 2017, UNICEF in collaboration with Hellen Keller International and Directorate of Food and Nutrition will pilot the integration of routine vitamin A and deworming of eligible under five children into six monthly contact point platform in three districts. Furthermore, revision and updating of national guidelines for vitamin A and salt iodization is planned by 2018.

**OUTPUT 4** MoHS, DHMTs and other development partners have the capacity to carry out research, planning, monitoring and evaluation of nutrition interventions for children and women of child bearing age by December 2018.

**Analytical Statement of Progress:**
Through collaboration with MoHS, UN agencies and implementing partners, UNICEF Sierra Leone supported high level and technical discussions in nutrition through participation in 13 SUN coordination meetings at the national and district levels with focus on multi-sectoral approaches to address under-nutrition. UNICEF ensured that action points were followed-up and completed. Together with other partners, UNICEF supported the Health and Nutrition Fair launched by the Vice-President, a platform to advocate for multi-sectoral approaches to address child under-nutrition and ensure the public is made aware of policies, guidelines, and services related to improving the nutritional status of the population.

The slow progress in the establishment of coordination meetings at district levels and the limited coordination among district level partners and stakeholders were identified as key bottlenecks, together with the insufficient donor funding available for the SUN coordination and activities. Thus, moving forward towards the next two years, there is a need to increase
advocacy on nutrition specific and nutrition sensitive approaches among stakeholders. The development of a stunting reduction strategy is crucial to align all stakeholders in the country around a multi-sectoral programme and better mobilise resources across sectors for nutrition outcomes to help and address persistent nutritional deprivations among 400,000 stunted children in Sierra Leone.

**OUTPUT 5** MoHS, DHMTs and other development partners and communities are supported to plan, prepare and respond to emergencies, while providing essential nutrition care and support, particularly for children in the most vulnerable and hard to reach communities by December 2018.

**Analytical Statement of Progress:**
In collaboration with MoHS, UN agencies and implementing partners, UNICEF Sierra Leone through National Nutrition Working Group under Directorate of Food and Nutrition finalized the national nutrition preparedness plan. This plan addresses the need to preposition nutrition supplies to address malnutrition among children in case of emergencies including EVD, emphasizes on age appropriate IYCF in emergencies and highlights that the distribution of breast milk substitutes during this period needs to be discouraged.

A bottleneck analysis was conducted on the IYCF in emergencies that highlighted that health workers have low capacity in IYCF counselling in emergencies and the unavailability of policies or guidelines governing external support/donations of nutrition products during emergency. Therefore, in the next two years, the programme will focus on IYCF in emergency training for district nutritionists and health workers as well as development of a guideline governing external support/donations of nutrition products during emergency.

**OUTCOME 3** Improved and equitable use of safe drinking water, sanitation and healthy environment and improved hygiene practices.

**Analytical Statement of Progress:**
During the reporting period, essential hygiene supplies, safe water supply and sanitation facilities were provided to communities under regular and emergency response programmes (floods). Out of the 166,172 people who gained access to WASH services, 137,347 people were from regular programmes, which included WASH services in rural communities, schools and health care facilities while 28,425 people benefited from emergency response. A total of 392 CLTS communities (78,400 people) were triggered, out of which 263 were certified ODF, while all the targeted communities were reached with hygiene promotion campaign messages, particularly on hand washing with soap and water. In the rural communities, 55,736 people gained access to safe drinking water sources including 52,600 people living in ODF certified communities. The priority was given to ODF communities to motivate them sustain their behaviour change and ensure sustained management of water points, thus increase sustainability. Through schools and health care institutions, a total of 59,347 people gained access to WASH services: 15,271 boys and 16,076 girls in primary schools and 28,000 people in health care facilities.

WASH programme facilitated the development and the roll-out of WASH in health standards and guidelines which contributed to the strengthening of sector quality assurance/enabling environment. The programme in collaboration with the Government and other sector partners supported the nationwide WASH baseline survey to strengthen evidence generation for children.
OUTPUT 1  Increased capacity of communities in targeted districts to achieve sustainable ODF status by 2018.

Analytical Statement of Progress:
Key achievements in outputs and activities were made in collaboration with MoHS, sister UN agencies and other NGO partners. All targeted 392 communities for CLTS were triggered in collaboration with the DHMT/district councils, 263 communities with a population of 52,600 people were declared ODF as of 30th December. The outstanding 129 communities comprising of 25,800 people will be declared ODF by 31st January 2017. Over 7,263 households constructed latrines and use them. The programme trained 784 CLTS facilitators (natural leaders) in collaboration with the DHMT. The natural leaders motivate the communities to attain and continue maintaining ODF status. Hygiene promotion activities are ongoing in all targeted communities to sustain behaviour change as well as to fast track achievement of ODF status in the outstanding communities. The CLTS approach was undertaken alongside nutrition and health interventions in the same communities and it is anticipated that this will maximize the impact of these interventions.

The following bottlenecks and challenges impeded a smooth implementation of the programme: poor understanding of benefits of having latrines, weak public private sector partnership to support production of latrine products, weak institutional capacities to support sanitation scale up, seasonality, lack of data to support equity/gender based targeting, behaviour change sustainability besides the limited national investment in sanitation.

During the reporting period, the following lessons learned: enhancing the linkages between community sanitation and other sectors optimizes the uptake of CLTS approach. The inclusion of a range of behaviour change topics in addition to the conventional CLTS topics enhances community understandings. CLTS sessions delivered to a group regularly (e.g. weekly) to go through one of the behaviour change topics and follow-up on agreed actions is more effective. Focusing on community-based facilitators to deliver the behaviour change/CLTS topics in their communities (Community Health Workers, public health aides and community members) is more acceptable. The provision of technical support for latrines options and construction and strengthening decentralized monitoring promotes behaviour change sustainability and reduces relapse to OD status.

Key priorities for 2017 will focus on addressing the key lessons learnt in the last two years, mainly addressing equity and gender in WASH programming, ensuring Government involvement, emphasis on BC and complementarity. The programme will to continue to strengthen integration with education (school led total sanitation/menstrual hygiene), health (community health workers), nutrition and child protection to maximize complementarity, support the decentralized government system at the district and chiefdom levels within the wider enabling environment, and advocate for sustained energy on sanitation and domestic funding, take stock of CLTS and utilize feedback review CLTS protocol and approach. The programme envisages to change to behaviour change communication with emphasis on sustained behaviour change promotion targeting social norms post CLTS certifications. To ensure effectiveness of this output, the programme will invest on understanding behaviour changes enablers, specific within the social norms lenses.

OUTPUT 2  Households in targeted communities have access to sustainable safe water by 2018.

Analytical Statement of Progress:
While the suspension of wells construction and rehabilitation activities by the Government during the rainy season impeded the fast tracking of this output, all water points targeted for
improvements were completed. The 64 community water wells, serving an estimated 52,600 people were rehabilitated and functional. The water facilities were managed by trained water committees and caretakers.

The following bottlenecks and challenges constrained the optimum achievement of the results: weak hand pumps, spare parts and supply chain which limited minor hand pumps repairs; managing high number of non-functional hand dug wells and the lack of credible data (especially on the status of existing water points) to guide equitable targeting of water sources; and high cost of underground water abstraction, particularly water borehole drilling.

The programme achievements included the identification and training of all 576 water committees’ members, including community-based hand pump technicians and the completion of 64 water sources now being used. The programme improved household water treatment by providing over 100 households that had no access to immediate safe water sources and used streams.

During the year, the following critical needs and opportunities emerged: The national focus on deep-water boreholes for clustered households, a strategic shift from the conventional shallow hand dug well construction. However, there is still a need for in-depth study and cost-benefit analysis of the shift and more work on establishment of community-based water point management models. Given the high number of existing hand dug wells, there will still be a need to continue rehabilitating those wells with effective water recharge.

Key priorities for 2017 will focus on functionality of the rehabilitated water sources besides the implementation of the President’s Recovery Programme, which is targeting 149 community water points. The programme in collaboration with the Government will prioritize the development of community-based water supply management models as well as strengthen water quality plans and scale-up household water treatment. The programme will explore and build linkages and work with public private partners to support water source maintenance, including scaling up of spare parts supply chain. It will revamp the community-based financing mechanisms (village saving scheme) affected by EVD outbreak. The programme will support the Government in mitigating the impact of climate change through efficient management of WASH services which includes promotion of manual drilling and solar power driven borehole to minimize the risk associated with hand dug wells as well as reduce carbon emissions associated with diesel generators. It will strengthen the enabling environment at all levels to ensure accountability, ownership through decentralized monitoring.

**OUTPUT 3**

Government Peripheral Health Units and BEmONC facilities nationwide have access to sustainable safe water and adequate sanitation facilities by 2018,

**Analytical Statement of Progress:**

All the targeted primary health care units were provided with comprehensive WASH services which included: sustainable water sources with pipe network to utility rooms such as delivery rooms, functional toilets and bathrooms, medical waste disposal and burning pits/incinerators, placenta pits and hand washing facilities. The package is a mandatory requirement as outlined in the new WASH in health standards and guidelines. The services are critical due to increased focus on infection, prevention and control in health care facilities, which made the government to prioritize the provision of sustainable WASH services in all health care facilities. The improvement of WASH services, particularly water supply, was not affected by seasonality as the majority of water sources were constructed through borehole drilling and installed with solar powered water pumping stations to ensure consistent functionality. However, the cost of water borehole drilling, weak management
systems, inadequate data for targeting and the cost implications for implementing remained an issue.

The overall achievements of the output and activities made in collaboration with MoHS, UN agencies and other NGO partners included the provision of WASH packages to 28 health care facilities, benefiting an estimated 28,000 people; and the development and rollout of new WASH in health standards used by other sector partners to guide the implementation of WASH services in health care facilities.

The critical lesson learned was that most of the WASH services in PHUs do not meet the new WASH in health standards and therefore are not IPC compliant. The scope of work in the new WASH health standards and guidelines increased the WASH workload in PHUs. For example, of the 2,000 primary health care facilities, 50 per cent do not have proper WASH services while over 29 per cent have no services at all. UNICEF supported 28 health care facilities.

Thus, key priorities for 2017 will focus on scaling-up the provision of WASH services in health care facilities under the President's Recovery Programme, where 175 facilities were targeted. WASH sector partners will work with health sector to explore modalities for sustaining WASH services in already covered health care facilities as well as the involvement of public private partners in services provision to increase coverage. UNICEF would support the harmonization of WASH FIT tools, IPC /WASH assessment tools and new WASH in health standards and guidelines.

OUTPUT 4 Girls and Boys in government primary schools have access to improved child friendly WASH facilities and are practicing critical hygiene behaviours both at school and at home by 2018.

Analytical Statement of Progress:
A total of 31,383 children in 67 government primary schools used improved child friendly WASH facilities meeting national standards.

The WASH in school services were based on Government-Ministry of Education standards. The package consisted of improving water source, rehabilitation of gender-desegregated latrines, installation of hand washing stations and the promotion of safe hygiene behaviours through school sanitation and health education interventions that included formation of school health clubs to support peer education, training of focal teachers and promotion of hand washing behaviours and environmental hygiene. To ensure functionality of WASH services in schools, the programme trained school management committee’s members and care takers on basic maintenance.

Key bottlenecks and challenges included the derelict state of WASH facilities in schools, which requires new construction as opposed to rehabilitation; high number of dysfunctional hand dug wells; and weak sustainability models for WASH facilities in schools.

In collaboration with MEST, UN agencies and other NGO partners, the following achievements were made: all the targeted 67 schools were provided with child friendly WASH facilities with menstrual hygiene facilities and gender/disable sensitive. A total of 756 school health club members were trained and continued to promote safe hygiene practices through peers and as champions within the schools. The programme supported the formation and training of 67 school management committees and each committee consisted of nine persons (four men and five women). The school committees were linked with village development committees (VDC) and natural leaders who are responsible for the 201 nearby communities targeted for ODF status through the SLTS approach. Each school targeted
three communities for software services such as hand washing and use of latrines through school lead total sanitation.

Lessons learned were that the outreach communities through the SLTS approach are reference points for other communities (spontaneous communities) to reach ODF status, the provision of WASH facility in schools increases school enrolment (decreased school dropout) as reported by school authorities and strong linkages to be maintained between the School Management Committees and the VDC in order to ensure the sustainability of WASH facilities.

Under this context, key priorities for 2017 will focus on menstrual hygiene management including exploring local production of menstrual materials and connecting schools to community water supply systems and reviewing indicators for monitoring WASH in schools within the SDG context.

OUTPUT 5 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan, and budget for scaling up WASH interventions by 2018.

Analytical Statement of Progress:
All the planned activities under the output were achieved in collaboration with MoHS, Ministry of Water Resources and MEST, UN agencies and other NGO partners. The national WASH baseline study was completed as well as the development of other strategic documents such as WASH in school guidelines, CLTS protocols and MEST standards. These strategic documents were instrumental in enhancing harmonization of approaches and improving quality of WASH interventions across the sector. The programme will continue with other ongoing enabling environment activities such as ensuring accountability, sustainability and alternative cheaper but robust implementation approaches to ensure gender parity, equity and value for money.

Key bottlenecks and challenges included inadequate data to inform planning both at national and local levels, weak institutions, low absorptive capacity, and limited sector partner’s commitment due to reduced sector funding.

The WASH baseline survey will provide valuable information to enhance enabling environment. A total of 31,383 children in Government primary schools used improved child friendly WASH facilities, meeting national standards help identify sector gaps to enable sector partners to develop a comprehensive WASH sector investment plan. These are great opportunities for getting the WASH sector into the national agenda.

Thus, key priorities for 2017 will focus on the institutionalization of WASH database, knowledge and information management and WASH sector coordination to enable WASH partners to share real time information to update WASH database regularly. UNICEF will continue strengthening the institutional capacity of related WASH line ministries to enable them to manage community and institutional WASH services. The programme will support the Government to develop user friendly national WASH database and use the stored/generated data for planning and decision making purposes. The programme will continue lobbying and advocating for prioritization of WASH services as well as support the national systems to develop domestic resource base to leverage external support to ensure sustainable financial resources.
OUTPUT 6 WASH emergency preparedness and response targeting women, men, boys and girls is implemented by the Government and its partners in a timely manner during the country programme cycle.

Analytical Statement of Progress:
Key achievements in outputs and activities made in collaboration with MoHS, UN agencies and NGO partners included the Emergency Preparedness and Response Plan updated, PCAs with 12 IPS. The programme responded to flood and isolated fire emergencies during the reporting year. The emergency affected persons were provided with emergency WASH services and supported to return to their homes.

Key achievements in outputs and activities made in collaboration with MoHS, Ministry of Water Resources, MEST, UN agencies and other NGO partners, included:
- Construction of emergency latrines at the displacement sites for 216 households.
- Supply of safe drinking water and installation of storage tanks for a total of 28,845 people
- Distribution of hygiene kits/hand washing facilities and dissemination of hygiene messages to the affected population.
- Coordination of response services in collaboration with the government. The key bottlenecks remained the emergency threats and risks and the weak coordination among Government line ministries.

The establishment of a Disaster Department in the Office of National Security will provide an opportunity for better coordination and timely response.

The key priorities for 2017 will focus on enhancing resilience by integrating emergency response and development programmes as well as improving preparedness and institutionalization of WASH sector coordination. The programme in collaboration with other UN agencies and partners will continue supporting the Office of National Security to enhance their coordination portfolio.

OUTCOME 4 Improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents.

Analytical Statement of Progress:
Although coverage of the PMTCT of HIV is high (84 per cent), EID coverage (13 per cent) is low. Preliminary results for EID suggest that vertical HIV transmission remains high. This is likely due to a combination of factors including (i) the EVD epidemic during which many people stopped coming to health facilities for care and/or treatment, (ii) poor treatment adherence, and (iii) inadequate quality of services. To better understand the situation, UNICEF and partners, are supporting the Government to analyse the PMTCT programme to inform where additional efforts are required to strengthen programme quality to contribute to reducing vertical transmission.

Paediatric ART was relatively stagnant since 2010 (21 per cent). To increase the number of children living with HIV on treatment, UNICEF advocacy resulted in the inclusion of different entry points for paediatric HIV case detection (family testing, malnourished children and for children with other infectious diseases) into the national plan to accelerate the HIV programme.

With funding available for paediatric ART medicines, UNICEF, Solthis and King’s Sierra Leone Partnership supported the Government to strengthen the capacity of health workers to provide paediatric ART through intensified on-the-job support and remote medical peer
support. UNICEF advocated for and is now supporting the updating of the national PMTCT/paediatric treatment strategic plan to strengthened efforts to reduce vertical transmission and increase the number of children living with HIV on treatment.

Targeted interventions for adolescents are limited but the focus on teenage pregnancy reduction presents an opportunity expansion of services.

Surveillance and data collection mechanisms are generally weak. UNICEF, working in collaboration with partners, provided technical and financial resources to strengthen routine reporting and support the generation of strategic information on HIV. Focus was on integrating data collection into the national HMIS including development of a patient record system within the HMIS. UNICEF supported network organizations in analysing key programmatic information to enable use for their advocacy campaigns.

As a member of the Country Coordinating Mechanism for HIV, Tuberculosis and Malaria, UNICEF provided strategic support for strengthened accountability through the oversight of Global Fund funded programmes.

Lessons learned included:
Quality on-the-job support can be provided through remote (telecommunication) support in real time, which is useful given the scarcity of high-level medical staff.
- ‘Integration’ can often mean referrals for HIV testing and not necessarily testing in the unit in which the patient presents which results in attrition. Task shifting may help expand coverage of services.
- Opportunities include task-shifting for health workers to enable the integration of HIV testing services into other health services (i.e. nutrition and infectious diseases), and integration in adolescent/teenage pregnancy reduction programmes. Next steps include analysing current investments in HIV and recommend reinvestment into priority interventions, particularly PMTCT and paediatric treatment, and to update the PMTCT/paediatric treatment strategic plan.

**OUTPUT 1** MoHS has the capacity to provide equitable and quality HIV/AIDS prevention, treatment, and care and support services for women and children in targeted facilities by 2018.

**Analytical Statement of Progress:**
Pregnant women are routinely screened for HIV as part of antenatal care and women identified as HIV positive are enrolled onto ARV treatment (ART). UNICEF addressed gaps in treatment monitoring and in effective transfer of HIV positive women to ART centres for continued treatment after delivery through the provision of HIV testing supplies and, in collaboration with Solthis and King’s Sierra Leone Partnership, the updating of training curricula, and the training of 247 health workers on PMTCT.

In part through UNICEF advocacy, the national PMTCT technical working group endorsed changing the national testing algorithm to integrate HIV testing with syphilis screening and procured enough HIV/syphilis test kits to reach up to 80,000 pregnant women, beginning in Quarter 1 of 2017 at the Government’s request.

In 2016, EID was sub-optimal due to poor forecasting, untimely procurement of commodities and the lack of a specimen collection. To address the critical challenges, UNICEF, along with other partners, provided essential supplies, trained 141 health workers and is supporting the national technical working group to strengthen and roll out EID.
UNICEF support enabled 647 malnourished children to be referred for HIV testing in 50 health facilities (Western Area, Bombali and Bo districts), of whom eight were HIV positive. UNICEF is working with the Government and its partners to improve partnership between HIV and nutrition programmes, improve data collection on HIV testing in malnourished children, and increase knowledge and policy enforcement on HIV testing for malnourished children.

UNICEF, Solthis and King’s Sierra Leone Partnership supported the Government to train 141 health workers in paediatric HIV care. As non-adherence to treatment and treatment default are generally common among children and adolescents living with HIV, UNICEF supported the Network of HIV Positives and HAPPY Kids and Adolescents to train 20 adolescent treatment supporters and provide community level support to 200 adolescents. These efforts resulted in 713 people living with HIV returning to treatment including 26 children and adolescents.

UNICEF and partners provided technical support to roll out HIV treatment monitoring and to networks of people living with HIV to support patient follow up for treatment. A pilot for treatment monitoring was done in early 2016 and partners, including UNICEF, supported the review of the preliminary data that suggested high rates of treatment failure. To strengthen the roll out of treatment monitoring, partners, including UNICEF, are supporting the provision of technical assistance in this area, to commence in early 2017.

Opportunities for the programme include (i) bringing a complete package of services to some of the highest volume facilities including intensified on-the-job support as a means to strengthen the quality of the HIV programme in a gradual/phased approach, (ii) task-shifting for health workers to enable the integration of HIV testing services into other health services (i.e. nutrition and infectious diseases), (iii) strengthening the integration of HIV components, specifically PMTCT, within various health worker training curricula including the Maternal and Child Health Aide training curriculum, to improve the quality of service delivery.

OUTPUT 2 Adolescents (boys and girls) have adequate knowledge and access to appropriate health services, including prevention of STIs and HIV in targeted districts by 2018.

**Analytical Statement of Progress:**

In line with its community engagement strategy, UNICEF is engaging youth in meaningful dialogues and decision-making using the U-Report platform to reinforce their capacity to participate, engage and advocate for their own development and wellbeing.

UNICEF and its partners promoted the use of U-Report and to date recruited a total of 52,612 U-Reporters nationwide. One SMS-based message on HIV prevention was sent to U-Reporters in 2016. The responses to the message indicate that further attention is needed to improve knowledge about HIV and HIV services.

HIV programming for adolescents is limited in the country due to challenges such as the age of consent for HIV testing (18 years), inadequate data disaggregation on age groups and cultural and social barriers to discussing sex and sexuality. To strengthen adolescent programming, UNICEF supported six adolescent friendly sexual and reproductive health and HIV facilities through HAPPY Adolescents and Kids in six districts. Through this partnership, 120 adolescents were trained as treatment supporters and 200 adolescents living with HIV were supported with information and counselling on sexual and reproductive health and treatment adherence.
UNICEF supported the provision of medical support to 30 children living with HIV, educational support including school fees, text books, uniforms and school materials to 200 children living and affected by AIDS, and psychosocial support was provided to an estimated 700 children affected by HIV, of which approximately through education tours and counselling activities. An additional 2,280 children and adolescents accessed age appropriate information on sexual and reproductive health and HIV through recreational activities, counselling, individual and group (theatre) peer education, including information on HIV testing.

UNICEF supported the NETHIPS to partner with VDCs to raise awareness of HIV. NETHIPS support to VDCs is constrained since it was tied to capacity building of support groups. This needs to be monitored closely going forward.

UNICEF supported the strengthening of the HIV-prevention activities for key populations, particularly for adolescent-aged key populations. In 2016, technical support in rolling out programmes targeting sex workers, men who have sex with men and people who inject drug was provided. Advocacy efforts continue to ensure that the programme is addressing the needs of the beneficiaries, for community based testing, and for age-disaggregated data for key population groups.

OUTPUT 3 MoHS, DHMTs and Implementing Partners have the capacity to carry out evidence-based and equity focused planning and budgeting, research, monitoring and evaluation of HIV interventions, including emergency preparedness and response, to inform policy for children, adolescents and women of child bearing age by December 2018.

Analytical Statement of Progress:
HIV emergency preparedness was improved through the inclusion of key interventions such as the continuity of treatment, PMTCT and IYCF in the emergency preparedness plan. As a continuation of the EVD emergency response, UNICEF continues to support ART defaulter tracing and adherence counselling to return people living with HIV, particularly children, adolescents and pregnant women, to treatment.

In 2016, UNICEF supported the planning of the national Multiple Indicator Cluster Survey that will be rolled out in early 2017: an opportunity to obtain new data on sexual and reproductive health and condom use, particularly for adolescents.

OUTPUT 4 Strengthened political commitment, accountability and national capacity to surveys, surveillance, research, legislate, plan and budget for scaling-up HIV interventions for children, adolescents and women of child bearing age.

Analytical Statement of Progress:
In 2016, UNICEF supported Government to develop the national Nutritional Guidelines for People Living with HIV and/or Tuberculosis and to review the treatment defaulter study. These two documents shift the focus from returning People living with HIV to treatment after default to supporting treatment adherence, which is a priority for 2017.

UNICEF supported the development of fast track work plans for ending AIDS in six HIV burden districts (Bombali, Kenema, Bo, Tonkolili, Western Area Rural and Urban), a position paper on how to end AIDS in Sierra Leone for the UN General Assembly High Level Meeting on Ending AIDS in New York, and the Catch-Up Plan for scaling up HIV testing and treatment across Sierra Leone.
UNICEF advocacy enabled the inclusion of new entry points for HIV testing of children, task shifting and a focus on community based service delivery into the Catch-Up Plan, which was presented and approved at the National AIDS Council in December 2016. The next step is to support the Government to finalize the details of the Catch-Up Plan and to support the analysis of the HIV programme funding to identify opportunities to re-invest Global Fund resources into the priority areas.

UNICEF and other partners are working alongside the Government to plan the update of the national elimination of mother-to-child transmission of HIV strategy, which will provide greater detail and focus to enable the country to reach the targets set out in the Catch-Up Plan. Terms of reference were reviewed at the national PMTCT technical working group meeting and were endorsed by the National AIDS Control Programme. The updating of the strategy is expected to be completed mid-2017.

As a member of the Country Coordinating Mechanism for HIV, Tuberculosis and Malaria, UNICEF supported accountability through the oversight of Global Fund programmes and advocated for the scale-up of HIV testing services, particularly for children, elimination of mother-to-child transmission services and prevention activities for adolescents including those in the key population groups.

UNICEF raised attention on the non-functioning of EID and stock outs of critical testing and ART commodities which enabled actions to address the bottlenecks including sourcing of dedicated technical assistance and piloting a real-time stock management system.

In 2016, UNICEF supported the review of grant financing, termed the pipeline analysis, and the review of Global Fund progress updates done for the first time by the Country Coordinating Mechanism. UNICEF and other partners are supporting the country to refocus HIV funds on high-impact interventions, particularly for eMTCT and paediatric ART, through the Catch-Up Plan.

UNICEF continues to strengthen relationships among key partners, particularly Global Fund, WHO, UNDP and Solthis, which greatly improved coordination. However, further efforts are needed to improve intersectoral coordination and to keep the country focused on the targets agreed in the Catch-Up Plan.

OUTCOME 5 Improved learning outcomes and equitable and inclusive education for all boys and girls by 2018.

Analytical Statement of Progress:
Sustained support toward expanded access to basic education was provided through MEST, ten NGO partners and community structures to ensure 126,216 vulnerable out of school children were supported to access education. UNICEF in collaboration with MEST did an assessment of out of school children to determine the numbers and nature and socioeconomic condition of these children. The study report was completed and validated by MEST.

Furthermore, strategies were developed to ensure increased access for girls’ education potentially through supporting reintegration of out of school pregnant and teenage mothers back into the formal schools. More than 14,500 girls enrolled in the programme. At the beginning of the 2015 school calendar, more than 5,000 girls were supported to reintegrate into schools. To improve to improve school readiness and right age access to pre-schools, three national ECD policy documents were developed and revised and capacity of Government, NGOs/INGOs and community officials for national level ECD programme work strengthened for implementing community-based ECD Pilot Project initiatives. These
initiatives provided access to early learning opportunities for 2,176 disadvantaged young children in poor communities, against a target of 1,800 children.

To improve quality of learning, over 6,700 basic education teachers benefited from UNICEF supported training in child-centred participatory teaching techniques thereby ensuring better classroom and pedagogical practices and child friendly school environments. Significant progress was made towards implementation of New Basic Education Curriculum with final draft of New Basic Education Curriculum materials developed and scripting of lesson plans in English and Mathematics completed.

For the sector to conduct routine and real time monitoring of interventions, UNICEF supported MEST to establish and roll out the Situation Room/EduTrac Monitoring System in 14 districts and at the central MEST offices. To this end, capacity of 1,182 school community monitors as well as central and district level staff to routinely conduct monitoring of school level interventions was improved. Over 5,000 schools were monitored monthly, with reports generated and disseminated for decision-making. MEST used this system to monitor implementation of activities under the Presidential Recovery Priorities. In a related development, MEST EMIS system was fully upgraded, functional and used to conduct the 2015-2016 annual school census with data/report now readily available on the MEST website and online.

UNICEF continued to co-lead emergency response in collaboration with MEST. In the reporting period, UNICEF supported continued access to education for children in schools affected by flooding and fire incidents. Over 5,556 children were supported with learning materials in the three emergency prone districts of Kailahun, Bo and Freetown. In addition, with UNICEF support in 2015, all schools were successfully reopened after the EVD emergency; 7,577 schools above a target of 4,183 s were supported to comply with EVD Safe School Protocols through replenishment of critical EVD prevention supplies.

However, significant challenges constrained programme implementation including the EVD emergency that delayed implementation of activities. As such, the RWP had to be revised to include a response emergency. Capacity at national and district levels for implementing ECD activities was a challenge, especially limited literacy skills at the level of the community based workers, who require on-site technical support. With no social protection system at the country level, efforts towards improving access to education for all children were hindered by lack of data on and categories of out of school children. At school level, follow up on enrolled children to ensure retention could not be sustained as school supervision and quality assurance is still a challenge due to inadequate MEST capacity to conduct quality assurance and supervision of schools. Furthermore, getting out of school children into school is hampered by insufficient school infrastructures that are poorly resourced as well as inadequate qualified and motivated teachers especially in the rural schools. Follow up of trained teachers in schools to determine whether they were practicing the acquired skills is a challenge. Efforts to improve routine and real time monitoring of education sector interventions at decentralized and school levels is still constrained due to limited technical capacity of MEST IT staff.

**OUTPUT 1** Primary school children (boys and girls) in Sierra Leone are able to enrol in school at the right age and complete grades by end December 2018.

**Analytical Statement of Progress:**
UNICEF Sierra Leone supported MEST, 10 NGO partners and community structures to ensure vulnerable children access school. About 95 per cent of the targeted 136,482 vulnerable children were supported to enrol and remain in school, with key focus on girls and inclusion of children with special needs. Overall, of the totals supported to enrol, 60 per cent
were girls. This included 5,072 of teenage mothers who were re-integrated into formal school from the UNICEF-supported accelerated learning programme, above a target of 5,000. Additionally, as part of the recently launched Girls Access to Education project, 14,534 out of school girls were registered in 263 community learning centres to access continued learning and be prepared for re-entering into formal school system.

UNICEF advocated for the right to education and lifting the ban on adolescent pregnant girls banned from attending school and taking public exams. UNICEF supported the MEST Gender Desk to strengthen the coordination of girls’ education advocacy at national and district levels. Additionally, through UNICEF support, 14 Girls Education Movement chapters were activated in 14 districts and mentored and provided psychosocial support to over 288,862 girls to help mitigate teenage pregnancy and promote girls’ education. To ensure community support for school enrolment, retention and completion, 128,655 communities were reached with enrolment campaign messages representing 75 per cent increase over the target. Consequently, communities developed and implemented 1,144 community action plans in all districts to accelerate enrolment and retention.

Through UNICEF support, MEST completed and validated the results of out of school children study that was conducted to address the crucial gaps in knowledge and provide a basis for remedial action. The study estimated 392,137 primary aged children and 172,932 junior secondary school aged children to be out of school and provided barriers of exclusion. Access to school challenges included cultural practices such as long seclusion of children from school, insufficient school infrastructure, and inadequate trained teachers, especially in remote and deprived communities. Poor school environment in terms of unavailability of WASH facilities in schools is affecting regular school attendance, especially for girls.

OUTPUT 2 Children (boys and girls) have access to early learning opportunities with a focus on disadvantaged groups by end December 2018.

Analytical Statement of Progress:
Through UNICEF’s technical and financial support to the MEST, progress was made since 2015 towards improving policy environment for promoting ECD in Sierra Leone. Three ECD policy documents (i.e., National ECD Policy, Early Childhood Care and Education Minimum Standards, and Early Childhood Care and Education Curriculum) were developed and revised as part of the GPE project, through collaboration of the MEST, World Bank and UNICEF. The documents will play an instrumental role in promoting equitable access to quality ECD services for all of the young children nationwide. In addition, with UNICEF’s support the MEST conducted an inter-sectoral ECD advocacy workshop and developed a strategic plan for ECD advocacy and awareness raising, and the first ECD song for public awareness raising was developed and produced for dissemination.

MEST and UNICEF collaborated on the community-based ECD Pilot Project across four districts aimed at demonstrating effective and sustainable models for scaling up. This pilot project takes a holistic approach to promoting ECD, with a focus on early stimulation (for 0-2 year olds), early learning (for 3-5 year olds) and parenting support activities at community ECD centres and during home visits. Thirty-one community-based ECD centres were established in 22 pilot communities that did not have such centres before the project implementation, to enhance access to early learning for over 2,100 disadvantaged young children who were enrolled at the centres. In addition, 444 government-assisted nurseries/pre-schools received ECD kits from UNICEF benefitting 31,298 children.

As part of the efforts to build national capacity and to promote cross-sectoral integration in ECD, the first cohort of Care for Child Development trainers and facilitators in Sierra Leone were trained. The Care for Child Development is a proven strategy for promoting early
stimulation and can be adapted and used at households and clinical settings. Care for Child Development trainers trained over 90 community ECD workers, Mothers’ Support Group members, NGO/INGO staff, and local government officials to carry out and monitor early stimulation activities in poor communities, as part of the community-based ECD Pilot Project. UNICEF initiated integrated partnerships for ECD with other sectors such as health, nutrition and education culminating into signing of integrated PCAs to support community-based ECD interventions that include nutrition, health, and education components.

However, regular practically-oriented and hands-on training are required, as well as regular on-site technical supervision and support to ensure that the ECD practitioners can enhance professional skills and translate training into daily practice. Refresher training on ECD and on-site monitoring will be a major component of the work in 2017 and onward.

**OUTPUT 3** Children (boys and girls) acquire knowledge and skills in child-friendly school environments and achieve improved learning outcomes by end December 2018.

**Analytical Statement of Progress:**
UNICEF partnerships with teacher-training colleges and institutions supported efforts to strengthen MEST’s post-EVD recovery efforts; 73 per cent of the targeted 9,307 in-service teachers benefitted from UNICEF-supported training of teachers in child centred teaching practices, numeracy, literacy/reading and life skills including critical thinking skills, psychosocial support and EVD-prevention through the continuous professional development initiative. This initiative seeks to directly impact teachers’ pedagogical skills for quality of teaching, classroom practices thereby improving children’s learning.

To enrich the learning experience of children, all targeted 948 primary schools in nine districts were supported to meet minimum availability levels of teaching and learning material (teacher syllabi, exercise books, chalk, pens/pencils and core text books) benefiting 214,635 children. As part of the Child-friendly School initiative, 57 per cent of the targeted 948 schools and communities were supported to develop and implement school development plans while ensuring that each target school met at least three critical Child-friendly School standards of child-centred teaching and learning, which include effective school leadership and management, and safe and protective learning environment. Also, 445 schools were assessed as part of a Child-friendly School baseline as a prelude to scaling up the Child-friendly School initiative in three new districts.

While the Government working with UNICEF and other education partners made significant progress towards quality and learning outcomes, gaps remained across all levels partly due to the limited capacity of MEST to undertake quality assurance and supervision at school/classroom levels. The EGRA/ Early Grade Mathematics Assessment report (2014) indicated that Grade 4 pupils cannot read a grade- and age-appropriate text fluently and with comprehension. The poor learning outcomes largely reflect the low competencies of a good proportion of teachers, as an estimated 49 per cent of over 60,000 teachers are untrained and unqualified.

UNICEF in partnership with MEST and other education stakeholders will continue to direct resources to address the widening gap in learning outcomes including support for continuous professional development of teachers, supervisors, and teacher educators in numeracy, reading including early grade reading, and life skills, capacity building of MEST and TTIs to undertake supportive supervision, the development of School Improvement Plans to ensure safe and protective learning environments and outcomes, and support strategy for school level roll-out and uptake of the New Basic Education Curriculum.
OUTPUT 4 MEST, Local Councils, schools and communities have the capacity to plan, budget, implement and monitor equity focused high impact education services by end December 2018.

Analytical Statement of Progress:
The progress toward developing, adopting and implementing a New Basic Education Curriculum was significant, with completion and adoption of the new Basic Education Curriculum Framework. Draft Curriculum materials and guidelines for validation were developed and EVD lessons were incorporated in Core Subjects of Curriculum, in curriculum of Teacher Training Colleges at all levels of Teacher Certification. MEST's initiative to review the Basic Education Curriculum with support from UNICEF represented a comprehensive reform process aimed at promoting nine years of quality basic education as a right for all children in Sierra Leone. However, two key follow-up actions are pending to ensure full implementation across the educational system. First, validation, to ascertain that the curriculum and teaching syllabuses are sufficiently: credible, viable, feasible, practical, and realistic, to be properly implemented and managed in the context of the education system. Second, aligning the New Basic Education Curriculum to the Curriculum of Teacher Training Colleges. With increased funding, successful implementation of the new Curriculum for Basic Education such as capacity development of MEST Officials, and TLM development will be accelerated in the next two years.

MEST central and district levels improved capacity to report quality EMIS data, its processing and dissemination with UNICEF support to EMIS establishment at MEST central level. For the first time in Sierra Leone, EMIS data from 2015 School Census, which further adhered to international standards after revision of the questionnaires, was readily accessible to all education sector partners in less than one year through the Online Dashboard with a link on new MEST website, and data used for evidence-based planning. Using the new EMIS, 2016 Census data is already captured and processing is ongoing.

There was increased empowerment of school community structures to perform monitoring functions in their schools for service delivery through establishment and roll out of a MEST-Led Situation Room/EduTrac Monitoring System that builds on school 1,182 members of community structures (School Management Committees, CTAs), District Education Offices and MEST Headquarter. The system monitored over one-third of all schools in Sierra Leone each month of the school term, and closely monitored activities under the President’s Recovery Priorities. Decentralized data from the system continue to inform, empower and contribute to improved evidence based plans and responses to implementation issues, strengthening the management capacity at both national and subnational levels towards better outcomes for children. Capacity building in use of data at district and school levels in development of school improvement plans is still required.

OUTPUT 5 MEST, Local Councils and communities have the capacity to restore the education system and reopen schools that are safe, better protected and more resilient to emergencies by end December 2018

Analytical Statement of Progress:
As the lead education partner in Sierra Leone, UNICEF provided technical support to MEST to strengthen education coordination and monitoring as part of Government’s Emergency Response strategy. Through this support, an updated four-Ws was finalized and operational by MEST including the development of National and District TORs for coordination of education activities during emergencies. To comply with the EVD Safe Schools Protocols, 3,394 additional schools across all fourteen districts received necessary replenishment of supplies such as hand-washing kits, cleaning materials, hygiene kits and supplies including veronica buckets, detergents and soap. To this end, the hygiene kits supported continued
focus on improved hygiene and application safe school protocols during the post EVD recovery context, reaching about 800,000 school-going children contributing to a cumulative total of 7,577 schools reached.

UNICEF continued to support the airing of radio education programming to complement learning in schools. The programme targeted out of school children. In the discussion with MEST, this is an interim measure as MEST completes the state of the art refurbishment and equipping of the school broadcasting house supported by UNICEF. Establishment of the radio will cut costs of paying private providers but serve as emergency preparedness in eventuality of schools being closed, children will continue to access their education through the radio programmes.

While draft terms of reference for coordination of education activities during emergencies were developed for intervention at national and district levels, MEST is yet to develop emergency preparedness and response plans to address disaster and minimise risks due to manmade or natural disasters. UNICEF made advanced plans with MEST to initiate a series of national and regional capacity building workshops on Education in Emergencies planned for August. The training will improve capacity to develop emergency preparedness and response plans.

UNICEF remains committed to supporting MEST and partners to strengthen education coordination and monitoring during emergencies, develop national and district preparedness and response plans in line with the Government's emergency response strategy, and build the capacity of MEST in Education in Emergencies.

OUTCOME 6 Improved and equitable prevention of and response to violence, abuse, exploitation and neglect of children.

Analytical Statement of Progress:
Important progress was made towards strengthening of national child protection systems both formal and informal. As part of this process, the case management system and CPIMS were established and successfully rolled-out in all 14 districts since November 2015. This is gradually increasing the capacity of MSWGCA and NGO partners to track, follow-up cases of vulnerable children and monitor the services provided to them. A total of 12,012 children were registered and supported through the system. Key challenges to the implementation of the case management and CPIMS included the limited technical capacity of the MSWGCA, limited availability of child protection staff and services at chiefdoms/community level and limitations of PRIMERO software.

As part of the 10-24 month recovery, the MSWGCA planned to increase its workforce through the recruitment of additional 600 frontline social workers. The technical challenges identified by PRIMERO users were resolved through support and back-up provided by UNICEF Headquarters.

The MSWGCA and NGO partners with support from UNICEF revitalized and supported 92 chiefdom-based Child Welfare Committees, ensuring a coverage of nearly 63 per cent of all chiefdoms. Unfortunately, the capacity of these mechanisms continues to vary within and between the districts mainly due to the lack of commonly agreed guidelines. This is in addition to the lack of appropriate support from the MSWGCA social workers.

To respond to the emergency protection needs of children during the EVD outbreak, UNICEF co-led the Child Protection PSS/gender pillar of the MSWGCA's 14 pillars at national and district level. UNICEF supported strategy development, SOPs and policy documents including: a national strategy on MHPSS; a national training package on
MHPSS; and the SOP for implementing Observational Interim Care Centres. In terms of
direct delivery of services to children affected by EVD, more than 60,000 children benefited
from UNICEF-supported PSS programmes and 564 high-contact children benefited from
care and protection in UNCEF-supported Observational Interim Care Centres.

Efforts to address harmful traditional practices, particularly child marriage and Female
Genital Mutilation/Cutting, were hindered by the widespread social acceptance and the weak
legal framework protecting girls against the practices. UNICEF and UNFPA supported the
Government in developing a national strategy for Female Genital Mutilation/Cutting
reduction. Unfortunately, the strategy has not been approved due to the lack of a common
Government position on the issue.

UNICEF engagement with religious leaders resulted in a common statement that female
genital mutilation/cutting was not a religious requirement. Also, upstream advocacy work
with Ministers of Parliament resulted in the establishment of a Ministry of Parliament
commission on ending violence against children and women which had already started
championing violence against children. A Ministry of Parliament action plan to end violence
against children and women was developed and approved. The focus for the coming period
will be to support its implementation.

UNICEF in collaboration with UNFPA and other child protection actors supported the
Government of Sierra Leone in launching the AU campaign to end child marriage by 2020.
UNICEF support was critical in conceptualizing the country campaign and ensuring the
involvement of key national champions such as the Office of the First Lady.

Finally, important progress was made towards the integration of birth registration health
events, strengthening of routine birth registration and the assessment of birth registration as
part of the broader CRVS reform. As part of an inter-agency collaboration UNECA, CDC,
UNHCR, UNICEF and Plan International, the pre-assessment of the CVRS that reviewed
criteria of the CRVS reform following AU Guidelines was concluded. An assessment mission
was scheduled for 2017. Direct support provided to the NOBD resulted in the registration of
636,309 children under the age of five (including the 252,214 reached in 2015).

OUTPUT 1  By 2018 relevant Government MDAs, Local Councils and communities have
capacity to provide an inclusive and integrated child protection system as defined in the child
welfare policy for the prevention of and response to violence, abuse and exploitation against
boys and girls by 2018.

Analytical Statement of Progress:
Strengthening the child protection system at national and sub national levels, especially in
the areas of coordination, case management, information management and service
 provision, capacity building of child protection frontline staff, revival of and linkage of
community mechanisms to the formal child protection system continued to make it possible
to respond to the needs of vulnerable children including children affected by the EVD.

The establishment and roll-out of the case management and CPIMS/PRIMERO gradually
increased the capacity of NGO partners and other members of the child protection network
to respond to the needs of children and track services provided to them. An SOP for case
management and the requisite tools for registration, assessment and follow-up on children
was finalized, approved by the MSWGCA and rolled-out nationally. Through the case
management, NGO partners (DCI, FHM, AMNet, CARITAS Bo, Ben Hirsch, St George’s
Foundation, GOAL, Conforti, PLAN, Christian Brothers, World Vision and CWC-SL) in
collaboration with other members of the Child Protection co-chaired by MSWGCA registered
and supported 12,012 children at community level.
The limited presence of MSWGCA social workers at district and chiefdom level continued to undermine coordination efforts of the case management and delivery of child protection services at community level.

At local level, UNICEF continued to strengthen the capacity of community-based child protection mechanisms to prevent and respond to the protection needs of vulnerable children including their protection against harmful traditional practices. As a result, 256 communities have developed community action plans to address violence against children. The challenge is now to support and monitor implementation of these plans.

Lack of funding and limited capacity of justice actors continued to negatively affect UNICEF capacity to strengthen the justice for children system. Nevertheless, UNICEF strengthened the monitoring capacity of Family Support Unit through logistical support that included provision of 67 motorbikes and one vehicle. This is gradually increasing Family Support Unit’s capacity to follow-up on cases of children in contact with the law. Family Support Unit reported 1,746 cases of children out of whom 1,568 were child victims of violence (male 316, female 1,252) and 178 cases (male 151, female 27) of children.

UNICEF trained 49 (nine female, 40 male) paralegals and lawyers members of the Legal Aid Board to increase their capacity to provide child friendly legal aid services to children and women. The decentralisation of the legal aid board at district level (50 per cent of coverage as of now) will increase its capacity to support children in need. Through the Legal Aid Board, 360 children in the justice system were provided with legal aid services.

OUTPUT 2 By 2018 communities and households have the ability to promote positive social norms to enhance child protection outcomes and prevent and respond to violence, exploitation and abuse against girls and boys (including Female Genital Mutilation/Cutting, TP, child marriage and child labour).

Analytical Statement of Progress:
Under the coordination of the Teenage Pregnancy Reduction Secretariat, a national life-skills training manual for out of school adolescent boys and girls was developed, endorsed and is currently being rolled-out nationally. Efforts to develop a new strategy that will address both teenage pregnancy and child marriage reduction are ongoing. As part of this process and in partnership with UNFPA, UNICEF supported the review of the national strategy for teenage pregnancy reduction (2013-2015) as first step towards the drafting the new strategy. Consultations meetings involving stakeholders have taken place at national and regional level to seek inputs to the new strategy.

Upstream advocacy work with Parliamentarians contributed to the establishment of a Parliamentary Commission on Ending Violence Against Children, chaired by the Speaker of the House and the development of an MP action plan to end violence against children and children. The AU campaign to end child marriage by 2020 was successfully launched and demonstrated improved political commitment towards addressing child marriage.

Lack of Government policy and consensus on Female Genital Mutilation/Cutting hindered UNICEF efforts in the country. As a result, the national strategy for Female Genital Mutilation/Cutting reduction could not be finalized.

Community dialogue for social norms change, to protect children from harmful traditional practices (with focus on child marriage and teenage pregnancy), happened in 11 out of 14 districts and reached at least 256 communities in partnership with CSOs and national NGOs. Behaviour change is not a linear process and takes time. A total of 24,080 (14,626 girls and
9,454 boys) adolescents accessed information, knowledge and life skills training to build their capacities to make informed decisions that protect them from harmful traditional practices (delaying marriage and teenage pregnancy) using the standard national skills manual.

A panel of young people created across the country in collaboration with C4D to express their opinion on topical issues with membership of 52, 590 boys and girls have polled on information targeting adolescents on corporal punishment sexual gender based violence teenage pregnancy, child marriage and Female Genital Mutilation/Cutting and on back-to-school through the U-Report forum.

**OUTPUT 3** By 2018 relevant Government MDAs, Local Councils and partners have the ability to generate and use strategic information for evidence-based policy design, planning, monitoring and evaluation for child protection interventions.

**Analytical Statement of Progress:**
Progress was made in improving data collection on child protection issues particularly in case management, child protection information management system, child justice with FSU and the Legal Aid Board and birth registration. Most data collection mechanisms are still at their inception stage and Government, MDAs, and local councils are not yet able to strategically utilize the information generated through these mechanisms.

The planned research on female genital mutilation/cutting drivers could not take place due to the delay in the finalization of the national strategy for female genital mutilation/cutting reduction. In consultation with the MSWGCA, the focus of the study and document will shift to good practices and lessons learnt in past and current Female Genital Mutilation/Cutting interventions in Sierra Leone to support the development process of the Female Genital Mutilation/Cutting strategy.

Ongoing improvement in the CPIMS (for example the development of an offline version of PRIMERO) will further enable more and better use of the system to document and analyse data on children.

Review of the Local Government Act and the new direction of government to promote devolution of central government functions to local councils will enable better use of PRIMERO for monitoring service provision at district and community levels. The development and upgrade of DevInfo is an opportunity for government ministries and local councils to have additional data to guide policy, programme development, monitoring and reporting.

**OUTPUT 4** By 2018 relevant MDAs, Local Councils, partners and communities have the capacity to provide emergency child protection interventions, care and support to children and communities especially those affected by EVD.

**Analytical Statement of Progress:**
UNICEF co-led the Child Protection/PSS/Gender pillar within the National EVD Response, co-chairing the national and district pillars established in 14 districts at height of the EVD outbreak. Key accomplishments over the reporting period included: (1) the development of a National Mental Health and Psychosocial Support which provides the framework for the provision of PSS to EVD affected children and other vulnerable children, including a minimum package of services, (2) establishment of 13 protection desks set up within the District EVD Response Centres to coordinate service provision at district level, (3) more than 60,000 vulnerable children, including 11,168 EVD affected children benefited from UNICEF.
supported psychosocial programmes and (4) 2,519 children supported with family tracing and reunification services, including provision of kits.

A total of 420 frontline protection staff were trained to provide emergency services to children including family tracing and PSS as required.

UNICEF continued support to the Government of Sierra Leone MSWGCA to maintain a resilient zero with the Comprehensive Programme for EVD Survivors that reintegrated survivors, ensured safe sex counselling for male survivors and their families and promoted access to critical services for all survivors: more than 250 survivors were trained as advocates, total of 2,230 (950 men and 1,280 women) EVD survivors were registered/verified in seven districts out of whom 650 survivors were provided with survivor ID cards to facilitate access to free health care services.

Focus on survivors in the 10-24 month EVD Recovery Plans and limited funding after the end of EVD limited the capacity of UNICEF and partners to provide long-term support to EVD orphans

To increase the local capacities to respond to protection needs of children in emergencies, child protection was incorporated into district emergency plans in nine out of 14 districts. Child protection emergency supplies were pre-positioned at district level for emergency response.

**OUTPUT 5** By 2018 Office of Births and Deaths (MOHS), and NRS have the capacity to register all births within an integrated Civil Registration and Vital Statistics system.

**Analytical Statement of Progress:**

The Government of Sierra Leone led by the Ministry of Internal Affairs and in collaboration with UNECA, hosted a pre-assessment visit in June 2016. In the same month, the National Civil Registration Authority Act was passed as law in Parliament. The next steps will be for Government to manage the transition from a fragmented civil registration system to a unified system under the newly established National Civil Registration Authority.

Direct support provided to the National Office of Birth and Deaths (NOBD) resulted in the registration of 636,309 children under the age of five. This included 252,214 children who were registered through an integrated polio campaign and 255,392 were reached through the routine birth registration in 2015. 128,703 were registered through the routine data collection in 2016 with 94 per cent of these children being registered within the first 30 days after birth.

Data gathering was a challenge for NOBD as some facilities have not been systematically registering births of infants and young children using the health centres. UNICEF supported the NOBD in developing and rolling out a simplified standardized data collection tool. The NOBD trained 101 health workers to familiarize them with the use of the tools.

Logistical support was to the NOBD through printing and distribution of birth records/birth certificates and allocation of one vehicle to increase the capacity to monitor birth registration activities in the districts.

**OUTCOME 7** Improved policy environment and systems for disadvantaged and excluded children, guided by improved knowledge and data by 2018.

**Analytical Statement of Progress:**
Approximately 62,000 (41 per cent) extremely poor households are benefiting from the national cash transfer programme implemented by the Government of Sierra Leone with support from UNICEF and the World Bank. There is a total budget of US$30 million for the SSN programme and the transfer of US$15 paid per quarter to its beneficiaries aimed at smoothing consumption and encouraging service-seeking behaviour in health and education.

During the EVD outbreak in Sierra Leone, the amount of the transfer was doubled to ensure that beneficiary households in the worst-affected communities had additional resources to subsidise expenditures. This is to ensure that extremely poor households had the capacity to respond to new challenges caused by EVD. Empirical evidence from field visits carried out by World Bank and UNICEF show improvement in the livelihoods of the beneficiary households and there are reports of improved health seeking behaviour. An impact evaluation is proposed to authenticate the impact of the SSN programme in the country. Report of the impact evaluation will enhance partner’s capacity to provide technical, strategic and evidence-based policy in designing and implementing poverty reduction programmes in the country.

UNICEF and World Bank co-led the social protection donor’s working group in Sierra Leone. The donor working group ensured a functional system to implement social protection initiatives and had an advisory role on the future direction of social protection. To enhance effective coordination of the Social Protection Secretariat, UNICEF is providing technical and logistical support to the Secretariat. This strengthened the coordination mechanism of the Social Protection programme and ensured effective functioning of the MIS of the social protection programme.

UNICEF’s support to the Anti-Corruption Commission to implement the Grievance Redress Mechanism enhanced effective delivery of the SSN programme. It ensured fair and transparent transfers of beneficiary entitlements. The literacy levels of communities, including beneficiaries posed challenges to access services provided by the SSN. Over 130 complaints (corruption and administrative related) were received by the SSN programme. Some of the complaints investigated were resolved while others are undergoing investigation. The successes of the Grievance Redress Mechanism programme made donors and government to think that all programmes need to consider adapting a Grievance Redress Mechanism system. The model is replicable and can make significant differences in the governance and accountability of programmes.

The technical and logistical support provided by UNICEF for the effective functioning of the MIS in the ministries of Health, Education and Social Welfare is important for ensuring real time evidence to influence decision-making and policy formulation. Currently, four (Child Protection MIS, Education MIS, SSN MIS and Health MIS) MIS systems are operational in the country. In addition, a draft national M&E Policy is available but is yet to be validated by key stakeholders and M&E practitioners. The Government and other development partners including the EU are very interested in having a national M&E Policy.


The Country Office’s approach to community engagement received credence with His Excellency The President launching the ‘Community Engagement Conference’ with participation of key stakeholders from Government MDAs, Local Councils, Paramount Chiefs and CSOs. With the implementation of the Participatory Community Monitoring and Accountability framework using community scorecards, 36 communities in four districts
developed and implemented their action plans. The CAPs focused on removing bottlenecks that prevent access and utilisation of services. Observation reports from field visits show increase in the demand for services by the communities including school enrolment in some communities. There is increase demand from government for UNICEF to expand the Participatory Community Monitoring and Accountability interventions to other districts, chiefdoms and communities as the Government increases its focus on results and accountability.

Nationwide promotion of positive behaviours changed through strengthened community engagement by revitalizing 1,086 VDCs across 12 districts, mobilization of religious leaders and expansion of the U-Report to ensure youth and citizen participation from 90 per cent of Chiefdoms improved community awareness of critical issues affecting children in their community. Based on hazard mapping, district specific emergency social mobilization preparedness plans were developed for all 14 districts to facilitate rapid interventions, promoting preventive behaviours and practices following emergencies and/or disease epidemics. It is expected to enhance timely response in the case of any emergency in the future.

UNICEF provided support in the development of the Emergency Preparedness and Response plans in collaboration with the different units and government MDAs, as a result prepositioning stocks were stored in the warehouse in case of any eventualities. UNICEF provided timely and critical support in the events of emergencies of EVD in 2016, several floods and health emergencies as well as strengthened the capacity of stakeholders in emergency preparedness, early warning systems and response.

OUTPUT 1 Strengthened institutional capacity for decentralized gender-sensitive planning, implementation, monitoring and evaluation of programmes, with emphasis on convergence of recovery and development programmes and community participation by 2018.

Analytical Statement of Progress:
UNICEF continues to support the Government in hosting the server for the NGO Online Reporting Portal, used by over 70 per cent of NGOs to submit annual reports. This will strengthen the coordination and monitoring role of Government and Local Councils at national and sub-national level for all sector interventions nationwide. It will impact positively the monitoring of aid resources and enhance mutual accountability between the Government and its development partners.

The NGO policy was revised to ensure that NGOs comply fully with Government policy regulations and that their operations meet the needs of the target population. The expected Cabinet approval and pre-legislative meeting is predicated on the successful collaboration between UNICEF, the Government of Sierra Leone, civil society groups and development partners who worked effectively through regional and national consultative meetings and validation workshops in meeting these goals.

A Regional MICS6 Design workshop was held to strengthen institutional capacities. Mapping and household listing to provide an updated sampling frame for the second-stage sample selection was progressing smoothly in the field.

The publication and dissemination of the Abridged Performance Contracts is a significant milestone in the Government’s efforts in engaging the population and empowering communities on issues of good governance, service delivery and decentralization. UNICEF provided technical support in the development and editing of the Performance contract for the respective MDAs, SOEs, Local Councils and Tertiary Institutions.
To build capacity among stakeholders, UNICEF in collaboration with the Government and support from WCARO organized hands-on training for MDAs, academia, and UNICEF and CSO staff on how to calculate child poverty estimates using the multidimensional approach. A technical working group on child poverty was instituted afterwards to support the Government develop child poverty reports and articulate policy options to reduce child poverty as stated in SDG indicator 1. The group lobbied for the inclusion of child poverty indicator in the country specific SDG indicators.

UNICEF in collaboration with the Government, National Council for Children and child protection NGOs supported child participation in the national budgeting process. Child representatives from the districts nationwide were trained on the budget process using a training manual on Child friendly budgeting developed with technical inputs from UNICEF. As a result, children were able to participate effectively in the budget process at district and national levels and advocate for increased budgetary allocation on children’s issues. They witnessed the budget hearing in Parliament.

As part of its strategy for easy access to and dissemination of quality and updated data on Sierra Leone, the DevInfo database was available online and a mobile App developed that can be easily be downloaded on IOS and Android phones. Twenty-five staff from MDAs, Statistics Sierra Leone and UNICEF were trained on its use.

**OUTPUT 2** Improved policies, coordination, systems and capacity for social protection for children including safety-net systems for the most vulnerable by 2018.

**Analytical Statement of Progress:**
The impact of EVD scourge on women and children lies beyond the health of affected and infected persons. It has far reaching impact on the socioeconomic situation of the country. UNICEF, in partnership with government of Sierra Leone and Economic Policy Research, WHO and World Bank launched a study to assess the long-term impact of the cost of EVD on women and children in education and health sectors. This will inform Government on progress on towards agenda for prosperity and SDGs. The Finance Minister will use the report to influence investments in health and education for children.

UNICEF supported district and council-level child engagement in the 2017 budget process from evidence generation, presentation to districts/councils and sectors to the presentation at the Parliament. Children’s engagement followed an earlier high-level discussion held with MPs on ending violence against women and children. At a breakfast meeting organized by UNICEF to support dialogue between MPs on ending violence against children and women (VAC/W), they agreed on national and constituency-focused actions to end violence and harmful traditional practices as highlighted in a communiqué. The communiqué was developed into an action plan, laid in parliament and subsequently an action committee launched that marked the high-level commitment to ending such violence in Sierra Leone. This gesture was rare and gave UNICEF and partners opportunity to push for legislative backing on ending violence against children and women.

UNICEF in collaboration with the Government and support from WCARO organized hands-on training for MDAs, academia, UNICEF staff and CSO. The training provided stakeholders capacity to calculate child poverty estimates using the multidimensional approach. A technical working group on child poverty was instituted to support the development of child poverty reports and policy options to reduce child poverty in response to SDG 1 indicators. The group lobbied the inclusion of child poverty indicator in the country specific SDG indicators.

The Sierra Leone Social Protection Policy developed in 2011 was out-dated and didn’t
reflect current vulnerabilities caused by EVD, floods and global social and economic shocks. UNICEF and World Bank partnered with Government to review the policy with the aim of moving towards a progressively realizable, age appropriate, gender-sensitive humanitarian inclusive social protection policy. The policy negotiation process involved senior level government officials, parliamentarians, UN and World Bank. The buy-in of stakeholders will ensure they will push for policy approval.

The World Bank-UNICEF SSN programme supported about 17,000 children (in almost equal proportion of boys and girls) most from EVD-affected households. An observation report showed that transfers impacted household food consumption, school attendance and investment in housing. UNICEF Grievance Redress Mechanism supported component handled about 25 cases of grievance: 36 per cent summoned to court, 48 per cent under investigation and remaining released for lack of evidence. Whereas 95 per cent of the administrative complaints were managed through appropriate partners’ responses, 36 per cent of corruption-related cases were summoned to court, of which 48 per cent were under investigation and the remaining released for lack of evidence.

OUTPUT 3 Local Councils, Traditional Leaders, Communities and Implementing partners have the capacity to develop and implement equitable child-friendly plans for effective decentralised service delivery by end 2018.

Analytical Statement of Progress:
The Participatory Community Monitoring and Accountability, a mechanism for public engagement, was rolled-out in 36 communities in 12 chiefdoms and four districts (Bombali, Port Loko, Kambia and Kenema). One hundred per cent (36) of target communities developed community action plans (CAPs) using community scorecards. The development of the plans demonstrates the extent to which public accountability and community-based monitoring promote ownership and sustainability of development programmes.

Although joint monitoring of the community action plans has not taken place as planned, some monitoring and visits to Participatory Community Monitoring and Accountability communities show some level of implementation of the action plans. Some community action was taken to remove bottlenecks in the provision of services in education, health, nutrition, and WASH and child protection. The process was inclusive with leadership and ownership from district councils and participation of relevant government ministries (Finance, Local Government and Rural Development, Health, Education, Social Welfare and Water Resources) and the Office of the President (the Performance Management and Service Delivery Directorate) highlighted the importance government places on community engagement including the Participatory Community Monitoring and Accountability process.

All CSOs implementing programmes in the four districts with support from UNICEF participated in the Participatory Community Monitoring and Accountability process. The CSOs referred to the community action plans to guide operations and ensure that the programmes meet the required government standards and community’s needs. To ensure that community priorities are reflected in the district development plans, VDC representatives from 36 communities in the four districts participated in the preparation of the 2017-2019 District Development Plan. The involvement of the VDCs in the district planning process sets the agenda for equity focused planning and budgeting, thereby ensuring that chiefdoms/communities are not left out of the district development planning and their needs are catered for and included in the plans.

Through the Participatory Community Monitoring and Accountability process, awareness of communities in the four districts were raised on the services and entitlements in education, nutrition, health, WASH, child and social protection to the extent that there was increased
demand for services and accountability of service providers including the Local Councils and CSOs.

The review of the National Rural Development Coordination Policy provides opportunity for the roles and functions of the VDCs to be better articulated in the policy and supported to advance community development initiatives. With the on-going support provided to the Ministry of Local Government and the local councils, the availability of the National Rural Development Coordination Policy will serve as a basis for government and development partners to prioritize community engagement processes including Participatory Community Monitoring and Accountability.

OUTPUT 4 Strengthened capacity and support for the engagement of civil society actors in implementing large-scale integrated communication strategies for positive behaviour change among children, adolescents and their families is strengthened by 2018.

Analytical Statement of Progress:
The revitalization of Village Development Committees (VDCs) initiated in 2015 continued through 2016. VDCs serve as the entry points for development initiatives at community level. Functioning VDCs contributed to improved understanding of community engagement and participation at the community level. They facilitated a positive shift from top down messaging and social mobilization towards citizen participation in decision-making, social accountability, advocacy and action. Community engagement is a key component of the 10-24 months President’s Recovery Priorities.

To support the Government in this area, UNICEF worked closely with the Office of the Chief of Staff, Ministry of Finance and Economic Development, Ministry of Education, Science and Technology, Ministry of Local Government and Rural Development and the President’s Delivery Team to design the scope, terms of reference and capacity building plans for the VDCs. To ensure proper implementation at the community level, UNICEF’s implementing partners are working closely with the VDCs for community-based interventions.

Convergence meetings under the leadership of the Paramount Chiefs was a platform for information sharing and action. In addition to the VDCs, roll-out of large scale behaviour change communication efforts were channelled through traditional channels of communication such as Theatre for Development. In partnership with Restless Development, Theatre for Development groups were organized and trained in 360 communities involving 2,520 members across the six priority districts. By October 2016, the groups directly reached 46,808 caregivers including children on thematic and interactive performances across child survival, development and protection.

Partnership with the Inter-Religious Council of Sierra Leone was instrumental in building capacities of over 500 Imams and Pastors for positive behaviour modelling. The revitalization of VDCs and strategic partnerships facilitated nationwide social mobilization for several health campaigns (four polio Supplementary Immunization Days, two Maternal and Child Health Weeks, Breastfeeding week, Global Hand-washing Day, World Malaria Day), the ‘Stay in school campaign’ and campaign against Female Genital Mutilation. U-Report expanded with over 52,000 reporters across 90 per cent of Chiefdoms in the country.

OUTPUT 5 Strengthened capacity of communities to adopt behaviours and practices, and national and local governments to plan, in order to prepare and respond to emergencies by 2018.
Analytical Statement of Progress:
The C4D team led the social mobilization interventions as part of the EVD response in Tonkolili, Kambia and Port Loko during the February 2016 spike. To counter the threat of EVD outbreak from Guinea and Liberia in April, the National Rapid Response Team led by the MoHS conducted quick assessments and deployment of additional support to vulnerable districts (Kailahun, Pujehun and Koinadugu). The interventions helped prevent cross-border infections as communities were kept on heightened alert and vigilance. Cognizant of the imperative role social mobilization and community engagement for individual and collective behaviour change and action played in interrupting the EVD transmission chain in Sierra Leone, the need for emergency preparedness across sectors and pillars became a national priority. With a view to strengthen the capacity of communities to quickly adopt best preventive practices during emergencies and epidemics and for districts to respond in an organized fashion, district specific emergency social mobilization preparedness and response plans were developed for all 14 districts in close collaboration with Health Education Division.

UNICEF C4D provided technical and financial support to ensure a hands-on initiation and training for all the district social mobilization coordinators. Challenges noted during the year were inability of partners on the inter-agency rapid response team claiming to have mobilizers on the ground to initiate immediate action (unless incentivized) and poor coordination capacity of social mobilization pillars at district level.

OUTPUT 6 Strengthened capacity of communities to adopt behaviours and practices, and national and local governments to plan, in order to prepare and respond to emergencies by 2018.

Analytical Statement of Progress:
The period under review reflected a bumpy road to development amidst scattered emergencies. UNICEF focused interventions between emergency response and recovery. With the country taunted by various emergencies, strengthening emergency preparedness, early warning systems and response capability at the community and nation level is critical. Whereas the occurrence of emergencies cannot be excluded, building resilience and preparedness capacity will ensure better response and promote the gradual transition from recovery to development.

Key challenges and risks encountered were:
Preparedness plans for cholera, flooding and social mobilization were developed but there was no assigned budget line to carry out planned activities. NGO partners do not have specific budget line to respond to emergencies. Obtaining timely reports from communities on emergencies issues within the 72 hours was challenging. Members of the District Disaster Management Committee are not trained on preparedness and response mechanisms. There were no agreed early warning systems set up at community level.

The following achievements were recorded from the output and activities. DDMC were developed in 12 districts. Disaster management plans for flooding, cholera and social mobilization in emergency were developed in 12 districts. Engagement with stakeholders to develop training module for community preparedness and response plan was completed. Monthly DDMC meetings in 12 districts were held. Pre-positioning of emergency kits by various agencies and NGOs in the districts was conducted. Emergency working groups were formed at many sectors both in the Government, NGOs and sectors.
It is critical to build capacity of Government MDAs, NGO partners and community leaders.

The following suggestions are proffered:

- Stakeholders develop and finalize training module for DDMC and community preparedness and response.
- Advocacy on budget allocation for emergency preparedness and timely response,
- Strengthen monthly coordination meetings on emergency,
- Establish early warning systems in critical disaster prone areas.

OUTCOME 8  Strengthened strategic partnerships and media capacity to increase public awareness and to promote the rights of children and women, especially the most disadvantaged, in accordance with international ethical standards and an equitable approach.

Analytical Statement of Progress:
As Sierra Leone recovered from the EVD emergency, international media interest in the country seems to be dwindling. UNICEF focus in 2016 shifted from emergency communications to generating content and raising visibility of programmes and activities, especially those that pertain to donor visibility.

UNICEF made progress on capacity building media on ethical reporting through training of 130 local journalists and mentorship schemes in partnership with the Initiatives for Media Development. Through this partnership, UNICEF brought in key youth activists and social media influencers to deliberate on issues affecting children in the social media. UNICEF was section lead on the advocacy working group in collaboration with the SPPME and pivotal in raising critical issues such as violence against children and child marriage to parliamentarians and stakeholders.

UNICEF was involved in 16 strategic events and produced eight press releases and 20 web stories and blogs. Notable among them were the Nutrition and Health Fair campaign, Advocacy with Parliamentarians on Ending Violence Against Children and the Global Hand-washing Day. UNICEF supported the Office of the Representative with talking points and organization of strategic events, and contributed to the drafting of a Communications Strategy on the SDGs for the UN Communications Group. UNICEF was active in the organization of the UN Day celebrations. UNICEF hosted donor visits with positive feedback and facilitated the production of the 70th Anniversary film with Goodwill Ambassador Ishmael Beah.

“Likes” on Facebook rose from 11,842 to 14,706; Twitter rose from 4,852 to 6,772 and Instagram from 1,387 to 2,689.

OUTPUT 1 By 2018 increased awareness and support on issues relating to the rights of children and women, in the EVD and post-EVD context.

Analytical Statement of Progress:
The CO increased reach on social media platforms with regular, quality content and new tools such as “Hootsuite”. The ERA team has a strong reputation in the country, leading communication efforts to revise the UN family communications strategy and to train Government partners on crisis communications. Despite a reduction in staffing, UNICEF provided support to programme sections, notably on the Nutrition Fair and the year-long engagement with Members of Parliament on violence against children.
With the international profile for Sierra Leone falling post-EVD, UNICEF provoked interest with continued coverage of EVD aftermath to ensure child rights are not forgotten. The indicators showed progress, though one activity, production of Pikin News magazine, was suspended to assess its impact.

Stronger impact in 2017 is expected notably through using sponsored social media work and through making use of LTAs with video/photographers.

**OUTPUT 2** By 2018, the media has enhanced capacity to report ethically and increase coverage on children’s and women’s rights including in emergency situations.

**Analytical Statement of Progress:**
A SSFA partnership with IMDev was established that led to the training of 130 journalists across the country on ethical reporting of child rights’ issues. A mentorship scheme increased prolonged peer-to-peer training and support for child-rights reporting. The CO had its first engagement with influential youth activists and WhatsApp administrators. Media briefings took place during the year, including on violence against children, UNICEF’s 70th year anniversary and the launch of major programmes.

Content production was strong with at least 20 web stories published on the global UNICEF webpage and blog to raise the profile of child rights in Sierra Leone.

Looking forward, UNICEF will build on media partnership in 2017 for the alliance of child rights-focused reporters nationwide who can collaborate on campaigns and awareness-raising.

**OUTPUT 3** Donor and NATCOM relations increased and strengthened to ensure adequate resources for children.

**Analytical Statement of Progress:**
With the end of EVD, visits by donors and UNICEF National Committees resumed, particularly in the first half of the year. In general, visits received positive feedback as did events for donors including major programme launches with donor and Government partners. Donor visibility received more attention. The CO responded to a change of policy with DFID towards stricter guidelines on visibility, leading to positive feedback. Partners were trained face-to-face on visibility, and all PCAs mentioned visibility and communication. Social media posts and web stories highlighted partnerships and donor collaboration, and published posts were shared with donors through emailing and tagging. A more systematic effort was made to include human interest stories in donor reports.

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<tr>
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<td>An ethnographic study of “The Impact of EVD Crisis on Life, Sex, Teenage Pregnancy and Community Actions for the Protection of Children” in Moyamba and Bombali Districts</td>
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<td>A national OOS Study</td>
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<td>A Baseline Assessment of Child Friendly Schools in Six Districts</td>
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Other publications

| Title | Social mobilisation and community engagement central to the EVD response in West Africa, lessons learnt for future public health emergency |

Programme documents

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